Registration form
(Partner version)

PARTNER INFORMATION

Account Number:
Partner Company Name:
Contact:

END USER INFORMATION
Please send a letterhead with this form as confirmation of the address

Company Name:
Address:
Post Code
Company Activity:
Number of employees:

DESCRIPTION OF END USER BUSINESS – What products are used

CONTACT

Name of Contact:
Position of Contact:
Tel Number:
Mobile Number:
E-mail address:

**E-mail address is needed to send the order confirmation/delivery note etc.*

ORDER CONFIRMATION WEB SHOP	YES/NO
DELIVERY NOTE AT DIRECT DELIVERIES	FAX/E-MAIL

Date:

Signature
Partner

_____

Signature
End User

_____