## APPLICATION FORM

## Please complete all sections!

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COMPANY DATA AND BILL-TO-ADDRESS (Juridical Address)		
Company Name and Legal Form:		
Trading Name (if different from above):		
Street Name:		
Zip Code and City:		
Country:		
Phone:		
Fax:		
Managing Director(s):		
Company Registration No.:	VAT Registration No.:	
Website:		
SHIP-TO-ADDRESS		
Name:		
Addition:		
Street Name:		
Zip Code and City:		
Country:	EORI No.:	
COMPANY INFORMATION		
Number of Employees:	Date of Foundation:	
Annual Turnover last Financial Year:		
Type of Business (f.e. retailer, web-shop, trade):		
BANK DETAILS		
Bank Name:		
IBAN:	BIC:	





## APPLICATION FORM

## Please complete all sections!

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DIRECT CONT	TACT INFORMATIONS	
Purchasing	Name:	Phone:
	Email:	Webshop Login:
Sales	Name:	Phone:
	Email:	Webshop Login: Yes No
Accounts	Name:	Phone:
	Email:	Webshop Login: 🗌 Yes 🗌 No
Logistics	Name:	Phone:
	Email:	Webshop Login: 🗌 Yes 🗌 No
Further webshop logins are possible and can be coordinated with the responsible sales representative.		
Email for gen Email for sen E-mail for de Email for pare	ding credit notes and invoices:livery notes and serials:	TELECOM GmbH.
Please return this to register@wortm	, ,	Company and VAT Registration Certificate incl. a Company Letterhead
	e you confirm your acceptance of our General Terms a ch can be viewed at www.wortmann-telecom.de.	and Conditions and the processing of your data in accordance with our
Name in CAPIT	TAL LETTERS	Signature



