

Questionnaire

for Reseller



Company data

Company name: _____
Legal form: _____ Founded: _____
No. of employees: _____
Business areas: _____
VAT no.: _____
Commercial register no.: _____

(We reserve the right to validate this number in the commercial register extract)

Sales area: _____

Attention: the following data is used to register you as a reseller in our system.

Please try to provide correct input to minimize errors.

Adress

Surname: _____
Name: _____
Street, No.: _____
Postcode, City: _____
Phone: _____
Fax: _____
E-Mail: _____

City, Date: _____ Signature: _____

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