CUSTOMER INFORMATION FORM

CUSTOMER INFORMATION

COMPANY NAME	:			
VAT NR - EORI NR	:		**ID NO**	:
CUSTOMER TEMS (It will be specified by our company)	:		**PAYMENT OPTION** (It will be specified by our company)	:
E-MAIL ADRESS	:		**WEB ADRESS**	:
THE SECTOR OF THE COMPANY	:			

INVOICE INFORMATION

STREET	:			
NUMBER , DISTRICT	:			
ZIP CODE	:		**Phone 1**	:
	:		**Phone 2**	:
CITY	:		**FAX**	:

REFERENCE

1.	:	
2.	:	
3.	:	

CONTACT INFORMATION

PRIORITY CONTACT PERSON

NAME / TITLE	:			
PHONE	:			:
MOBILE PHONE	:		**MOBILE PHONE 2**	:
E-MAIL	:		**E-MAIL 2**	:

THE AUTHORISED TO BE INTERVIEWED IN THE DEPARTMENTS

DEPARTMENT		**NAME- SURNAME**	**TITLE**	**PHONE CODE**
PURCHASE	:			
ACCOUNTING	:			
FINANCE	:			

SAMPLE ADRESS

STREET	:	
NUMBER , DISTRICT	:	

SHIPMENT ADRESS (If it is different from the invoice address, you fill it out.)

STREET	:			
NUMBER , DISTRICT	:			
ZIP CODE	:		**Phone 1**	:
	:		**Phone 2**	:
CITY	:		**FAKS**	:

AUTHORISED TO BE CONTACTED AT THE SHIPMENT ADRESS (**If it is different from the invoice address, you fill it out.**.)

NAME / TITLE	:			
PHONE	:		**PHONE CODE**	:
MOBILE PHONE	:		**MOBILE PHONE 2**	:

SHIPMENT PREFERENCE

SHIPPING		
SHIPPING COMPANY	:	
PHONE	:	
	:	
PHONE	:	**AUTHORISED PERSON**
		(NAME-TITILE-SIGNATURE-COMPANY STAMP-DATE)

“ PLEASE SEND IT TO US BY FILLING OUT THE FORM “

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