

CUSTOMER FORM

Invoice details			
Company name			
Department			
P.O. Box			
Zipcode and place			
Street			
Zipcode and place			
Country			
Contactperson		male	female
E-mail Financial department (for Digital Invoice)			
Telephone number (general)			
Fax number			
Chamber of Commerce number			
VAT number			
Shipping details	same as above		
Company name			
P.O. Box			
Zipcode and place			
Street			
Zipcode and place			
Country			
Contactperson		male	female
E-mail			
Department			
Telephone number (general)			
Preferred shipper (please select)		UPS	DHL TNT FEDEX Other:
Accountnumber preferred shipper			