

DEALER FORM

Send this document complete filled together with
a company document by fax
to +49 - (0)30 - 991 94 99 98

company name

product range

first name of owner

last name of owner

company adress

VAT / USTID*

contact person

position

phone-number

faxnumber

email adress

expected
order volume

*only for EU companies

All fields have to be filled out. Otherwise no account opening is possible.