CUSTOMER APPLICATION FORM

Registered Business Name	
Business Registration Number (VAT)	
Company website	
Phone number	
Invoice e-mail	
Preferred currency for purchases	

BILLING ADDRESS

Address	
Address 2	
City	
Zip or Postal Code	
Country	

SHIPPING ADDRESS

Address	
Address 2	
City	
Zip or Postal Code	
Country	

CONTACT PERSON

Name	
Phone number	
E-mail	
Title	

CONTACT PERSON

Name	
Phone number	
E-mail	
Title	

Please send this application to info@direktronik.se

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