

TRADE ACCOUNT APPLICATION FORM

1	Company name	(required)
	Registered address of the head office	
	Street	
	House Number	
	Postal Code	
	City	
	District / County	
	Tel	
	Fax	
	Mobile	
	e-mail	
	Website	
	Legal form of the Company	
	Registration number	
VAT registration number		
2	Delivery address	(if different than above)
	Full company name	
	Street	
	House number	
	Postal Code	
	City	
	District / County	
	Tel	
	Fax	
	Mobile	
	e-mail	
	VAT registration number	
	Name of contact person	
3	Person authorised to place orders	(required)
	Name	
	Telephone	
	Mobile	
	Fax	
4	Person responsible for payments	(required)
	Name	
	Telephone	
	Mobile	
	Fax	
5	Additional remarks	
6	G.D.P.R. CONSENTS	<p>Herewith, I agree to the contacts of representatives of eZone Distribution to the e-mail address and the phone number provided in order to present the offer or marketing related to our business cooperation.</p> <p><input type="checkbox"/> Newsletter I agree to receive the newsletter from eZone Distribution</p>
7		
	Signature date and stamp of authorized person for placing orders	Signature date and stamp of authorized person for payments