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CUSTOMER OPENING

CIF:*		
Tradename:*		
Business name:*		
Address:*		
Postal Code:*	Population:*	
Province:*		
Tel. 1:*	Tel. 2:	
Fax:*		
e-mail:		
Web:		
Business activity:		
<u>Contact Information Commercial/Purchasing Department</u>		
Contact person:		
Tel. 1:		
e-mail:		
<u>Contact Data Technical Department</u>		
Contact person:		
Tel. 1:		
e-mail:		
<u>Contact information Accounting/Administration</u>		
Contact person:		
Tel. 1:	Fax:	
e-mail:		
<u>Billing data</u>		
Invoice shipping address:		
Code Postcard:	Population:	
Province:		
Frequency	Fact type:	By delivery note <input type="checkbox"/>
do you copy	Grouped	<input type="checkbox"/>
Signature and Customer Seal*		
<div style="border: 1px solid black; height: 60px; width: 100%;"></div>		

* Mandatory fields