Application Form (1/2)

Please complete all sections!

Company Data and Bill-To-Address (Juridical Address)		
Company Name and Legal Form*:		
Trading Name (if different from above)*:		
Street Name*:		
Zip Code and City*:		
Country*:		
Managing Director(s)*:		
Owner(s) for Sole Partnership*:		
Company Registration No.: VA	T Registration No.*:	
Website:		
Ship-To-Address		
Name*:		
Addition*:		
Street Name*:		
Zip Code and City*:		
Country*:E0	RI No.:	
Company Informations:		
Number of Employees: Da	te of Foundation:	
Annual Turnover last Financial Year:		
Type of Business (f.e. retailer, web-shop, trade):		
Contact Informations		
Phone*:		
Fax*:		
Email for General Informations*:		
Email for Invoice Notifications:		
Email für Shipping Informations:		





Application Form (2/2)

Please complete all sections!

Bankers		
Bank Name:		
		BIC:
Direct Contac	ct Informations	
Purchasing*	Name:	
	Phone:	Email:
Sales	Name:	
	Phone:	Email:
Accounts*	Name:	
	Phone:	Email:
Logistics	Name:	
	Phone:	Email:
E-mails		
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For a husiness	relationship ou	rms and Conditions exclusively apply (please visit www.wortmann-telecom.de)
i or a business	retationship out	This and conditions exclusively apply (please visit www.wortham) teleconi.de)
		n along with your Company Registration Certificate, VAT Registration Certificate
		ster@wortmann-telecom.de. With your signature you confirm the acceptance of mations given above are true and correct. Please notify about any changes.
		e compulsory fields.
Name in CAPIT	TAL LETTERS*	Company Stamp and Signature*



