

OPENING ACCOUNT FORM

Please fill in the grey boxes with your details.

INVOICING

Fiscal Company name _____

Address _____

City _____ Post Code _____

Phone _____ Country _____

Email _____

Contact _____

VAT N° _____

Company Registration
number _____

Email to send invoices _____

Payment terms : Bank transfer **The first order must be paid before pick up.**

Accounting Contact _____

Phone _____

Email _____

DELIVERY

Delivery to (name of
company) _____

Address _____

City _____ Post Code _____

Country _____

Delivery contact _____ Phone _____

Email _____



CATALOGUES AND NEWSLETTER

Do you want to receive our catalogue?

Yes

No

Do you want to receive our newsletter?

Yes

No

If so, to which email address? _____

By signing this form, you agree that all the information about your company, your collaborators and yourself be collected and used, as part of the European General Data Protection Regulation (GDPR) of 25th May 2018.

Your signature also vouches for your financial responsibility, as well as your ability and consent to pay the due amounts shown on your statement of accounts, in compliance with our terms and conditions.

Signature _____

Name _____

Title _____

Date _____

Documents to join to the current form:

- Registration document from the Chamber of Commerce
- Banking details

For Packnwood use:

Name of CRM account _____

Code vendeur _____

Type client _____ Groupe remise client _____