

## CUSTOMER APPLICATION FORM

Please fax back ( or e-mail ) this formula to +36 1 450 2439 including a copy from your Letter-head (Brief paper).  
Chamber of commerce papers and VAT registration papers.  
Without these papers a customer account can not be opened for you.

Company name:	Establishment year:	Invoice address:
City:	Country:	VAT number:
Chamber of commerce number:	Sales contact person	Telephone number:
Fax number:	E-mail address:	Website:

---

### MANAGEMENT

Director name:	Telephone number:	Fax number:
Address:	City:	Country:

---

### SHIPPING DETAILS

Shipping address:	City:	Country:
Forwarder (if available):	Telephone number:	Fax number:

---

### BANK DETAILS:

Contact person name for payments:	Telephone number:	Fax number:
Bank name:	USD account number:	EUR account number:
Sort code:	Swift code:	