

Registered company name		Other company name/ name used in market	
Postal address			
Delivery address (if not the above)			
Phone		www-address	
VAT-number (registration number)		Estimated yearly purchase for resell	Total yearly revenue
Contact person		Phone	Email for information
Purchase manager		Phone	Email for order confirmation
Finance manager		Email for PDF invoices	
<p>Preferred payment terms. <i>If approved, a maximum of 30 days credit is possible. The credit limit is reviewed on a regular basis.</i></p> <input type="checkbox"/> Application for credit. <input type="checkbox"/> Cash on delivery			
<p>What business area are you mainly interested in (select only one):</p> <input type="checkbox"/> Pro AV <input type="checkbox"/> IT <input type="checkbox"/> Entertainment <input type="checkbox"/> Security			
<p>How did you get in contact with Exertis?</p> <input type="checkbox"/> Website <input type="checkbox"/> Email <input type="checkbox"/> Colleague <input type="checkbox"/> Sales rep at Exertis Nordics:_____ <input type="checkbox"/> Other:_____			
<p>Preferred way of delivery (select only one):</p> <input type="checkbox"/> DPD <input type="checkbox"/> FP1600 <input type="checkbox"/> Pick up <input type="checkbox"/> Courier (Gbg)		<p>Support/service:</p> <input type="checkbox"/> We have our own service department.	
<p>What is your main business area: (select only one):</p> <input type="checkbox"/> Store / retail <input type="checkbox"/> E-commerce <input type="checkbox"/> Consult service <input type="checkbox"/> Business to business <input type="checkbox"/> Installer/Electrician			
<p>Do you want access to Exertis Webshop. By signing below the owner of the company confirms that the named administrator manages the accounts and are responsible for what rights they are given. Login will be emailed to the below email address.</p> <p>Administrator name _____ Administrator email _____</p>			
<p>The person signing below confirms that the information in this document is correct and agrees to Exertis sales terms:</p> <p>City/date Authorized signatory Name in block letters</p>			

DONT FORGET TO SIGN AND ATTACH A COPY OF THE COMPANY REGISTRATION!