

NEW CUSTOMERS PLANT**1. BILL ADDRESS**

Company Name _____

Owner/CEO (First, Last Name) _____

Phone Number Owner/CEO _____

Street _____

Zipcode, Place _____

Country _____

2. DELIVERY ADDRESS

Company Name _____

Contact Person _____

Phone Number _____

Street _____

Zipcode, Place _____

Country _____

3. COMPANY DETAILS

VAT-Number _____

Legal form _____

Phone _____

E-Mail _____

Homepage _____

Facebook/Instagram _____

E-Mail for Invoices _____

Contact Person Purchasing _____

Phone _____

E-Mail _____

4. PAYMENT

PREPAYMENT BANKTRANSFER



PREPAYMENT BY PAYPAL



DATE/PLACE

SIGNATURE/STAMP

Please fill in clearly and in block letters and send it together with a business registration or an extract from the register by e-mail to info@m-motorcycle.de.