BRACHIAL
THE LIFESTYLE COMPANY ®

Customer application

Company name: _____

Legal form: _____

EU tax number.: _____

Owner: _____

CEO: _____

Street: _____

Zip code / Town: _____

Phone: _____

Mobil phone: _____

E-mail: _____

Website: _____

Billing address (if different):

_____

_____

_____

_____

Delivery address (if different):

_____

_____

_____

_____

What other brands do you stock in your shop?

_____ _____

_____ _____

_____ _____

Date: _____ Stamp / Sign: _____

INFO-LISTE!

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