

# New Customer Form

Please fill in your company information below.

Sales reference  Date

Company name

Invoice address   
 Postal code   
Country

Delivery address   
*(if different)*  Postal code   
Country   
Phone number for deliveries

E-mail address

Phone number  Organisation number

VAT/TVA number

## Forwarder *(if applies)*

Name  Account number

## Company Contact

Name  Phone number   
E-mail address

## Finance Contact (Accounts Payable)

Name  Phone number   
E-mail address   
E-mail address for receipt of invoices (if different)

Number of employees  Number of years in business  Annual turnover

## Business areas operated in *(please state %)*

Agriculture/forestry	<input type="text"/>	Automotive	<input type="text"/>	Building automation	<input type="text"/>	Trackside rail	<input type="text"/>
General infrastructure	<input type="text"/>	Manufacturing/Industry	<input type="text"/>	Marine/offshore	<input type="text"/>	Water & Sewage	<input type="text"/>
Other	<input type="text"/>	Transport & traffic	<input type="text"/>	Pharmaceuticals	<input type="text"/>	Train	<input type="text"/>
Electronics	<input type="text"/>	Energy	<input type="text"/>	Food and Bev	<input type="text"/>	Metal	<input type="text"/>
Transport & traffic	<input type="text"/>	Oil and Gas	<input type="text"/>	Security & Surveillance	<input type="text"/>	Mining	<input type="text"/>