**CUSTOMER ACCOUNT APPLICATION FORM – TRANSFER OF SERVICES**

**OLD customer**

|  |
| --- |
| compANY IDentification |
| Company Name:  |  |
| VAT number: |  |
| AUTHORIZED PERSON WHO APPROVEs THE TRANSFER OF SERVICES |
| Name / Title:  |  |
| Email: |  |
| Mobile: |  |
| Date / Location |  |
| **NEW customer** |  |
| COMPANY IDENTIFICATION |
| Company Name: |  |
| VAT number: |  |
| Company address, postal code, city: |  |
| Contact person (name, telephone no, e-mail): |  |
| Type of Invoicing: |  |
| PDF invoicing □ YES E-mail address:  □ NO  |  |
| EDI invoicing □ YES EDI address: □ NO  |  |
| Invoice currency: □ SEK □ NOK □ DKK □ EUR □ GBP  |  |
| PO number or other invoice reference required □ YES  □ NO  |  |
| AUTHORIZED PERSON WHO APPROVEs THE TRANSFER OF SERVICES |
| Neme / Tile:  |  |
| Email: |  |
| Mobile: |  |
| Date / Location: |  |

I hereby confirm that the above data is correct.

|  |  |
| --- | --- |
| (signature) |  |
| Name: |  | Date: |  |
| Title: |  | Location: |  |