

# WELCOME

new customer form

# twinpack

SPECIAL PRODUCTS

Please fill out the data with an \* and return the form to



[sales@twinpacksp.com](mailto:sales@twinpacksp.com)



+31 (0) 88 030 8999

## GENERAL BUSINESS INFORMATION

Company name	*	
Street + no. visiting address	*	
Zip code + City visiting address	*	
Country (+ State if relevant)	*	
PO Box + Zip code		
City PO Box (+ State if relevant)		
Website		
Telephone no. (general)	*	
Fax no. (general)		
E-mail (general)	*	
Chamber of Commerce no.		
VAT no.	*	
E-mail (for billing)	*	
Contactperson name (for billing)	*	

## DELIVERY ADDRESS

(complete only if different to visiting address)

Street + no. delivery address	
Zip code + City (+ State if relevant)	
Telephone no. delivery address	
E-mail address delivery address	

## DATA CONTACTPERSON

Name	*	<input type="radio"/> Mr. <input type="radio"/> Ms.
Department		
Function	*	
Telephone no. (direct)	*	
Fax no. (direct)	*	
E-mail (direct)	*	



## DATA EXTRA CONTACTPERSON

(complete only if relevant)

Name	* <input type="radio"/> Mr. <input type="radio"/> Ms.
Department	
Function	*
Telephone no. (direct)	*
Fax no. (direct)	*
E-mail (direct)	*

## DATA EXTRA CONTACTPERSON

(complete only if relevant)

Name	* <input type="radio"/> Mr. <input type="radio"/> Ms.
Department	
Function	*
Telephone no. (direct)	*
Fax no. (direct)	*
E-mail (direct)	*

## DATA EXTRA CONTACTPERSON

(complete only if relevant)

Name	* <input type="radio"/> Mr. <input type="radio"/> Ms.
Department	
Function	*
Telephone no. (direct)	*
Fax no. (direct)	*
E-mail (direct)	*

\*\*\* the information below will be completed by an employee of Twinpack Special Products \*\*\*

Indiener	
Datum	
Aanmaken als	<input type="radio"/> prospect <input type="radio"/> opdrachtgever
Taal (in welke taal moeten documenten)	<input type="radio"/> NL <input type="radio"/> DE <input type="radio"/> EN
Betalingsconditie	<input type="radio"/> standaard <input type="radio"/> anders:
Klantgroep	P2
Incoterms	
Plaats + Land incoterms	

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