



# CONFIG

## APPLICATION FORM

MEMBERSHIP

FRANCHISEE

OTHER

### COMPANY DETAILS

COMPANY NAME

WEB SITE

PROFESSION

ADDRESS

CITY / AREA

COUNTRY

ZIP

PHONE

MOBILE

EMAIL

FAX

### BILLING DETAILS

DIFFERENT

SAME AS ABOVE

NO BILLING

COMPANY NAME

BILLING ADDRESS

CITY / AREA

ZIP

VAT NUMBER or PRIVATE NUMBER

TAX OFFICE

### EXTRA COMPANY DETAILS

BUSINESS LICENSE

NUMBER OF EMPLOYEES

ADDITIONAL LOCATIONS

ESTABLISHED ON

BANK NAME

BANK ADDRESS

BANK ACCOUNT NUMBER

IBAN NUMBER

### CONTACT PERSON DETAILS

FIRST NAME

LAST NAME

POSITION

BIRTH DAY

COMPANY STAMP

NAME AND SIGNATURE

#### ACCEPTANCE DECLARATION OF TERMS AND CONDITIONS:

I hereby declare and accept (a) that above are correct, complete and true, (b) that I do not violate within my knowledge any third party's rights, (c) that I am authorised to signing on behalf and for the juristical person.....(Only in case of signing on behalf of juristical persons = companies etc.)