



APPLY FOR A CUSTOMER NUMBER

To be completed by the customer

GENERAL INFORMATION

Name* (official company name)	
Business identity code* (in the form xxxxxx-x)	
(Private Trader) Social security number in addition to the business identity code	
Sector* select one Health care Research or industrial laboratory Old peoples home or sheltered housing unit Veterinary services Other (please specify)	
Name (marketing name)	
Delivery address*	
Postal code*	Town/city*

PAYMENT TRANSACTIONS

Contact person for payment matters	Telephone number of the contact person
Estimated annual purchases*	E-mail of the contact person

INVOICING DETAILS

Invoicing address*	
Postal code*	Town/city*
Telephone number	Fax
E-mail	

INFORMATION REQUIRED FOR ONLINE INVOICING

Operator	Online invoicing address
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I would like to be a webshop customer, please create webshop credentials for me. Username and password are personal and can be linked and delivered to the email address below.

I hereby declare that the above information is correct and complete

Place and date	Signature and name in block letters
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To be completed by Mediq Suomi Oy