



Company*

Type of company*

Street*

ZIP*/City*/Country**

Founding*:

Payment details

VAT-Nr.*:

Bank*:

ID :

Account*:

Register no. of company*:

Please email your trade license to axro@axro.de
or fax to +494054711-710

IBAN*:

BIC*:

1st. Owner*:

Birthdate*:

2nd. Owner*:

Birthdate*:

1st. Managing director*:

Birthdate*:

2nd. Managing director*:

Birthdate*:

Credit insurance? Yes No
If yes, which insurance

Euler Hermes
AKC

Atradius
others: _____

Contact person

Purchase

Name:

Tel.:

Fax:

eMail:

Financial department

Name:

Tel.:

Fax:

eMail:

I have read and accept terms & conditions*

Terms & conditions:

<http://www.axro.de/GB/en/terms.php>

Please mark with a cross

Date

Signature

Signature in block letters

Position of signer

Please mark with a cross

Managing director

Owner

Purchaser

Company stamp

Please send the complete registration form stamped and signed to
email axro@axro.de or fax to +494054711-710

(*) Fields are mandatory. Only owner or managing director field must be entered.