

your AXRO account details (Page 1)



Thank you for being interested in AXRO. To complete our database, please kindly complete this form and send it back by e-mail to export@axro.de or by fax to 0049-40-54711703. Also please include a copy of your registration from the Chamber of Commerce and the identity card of the CEO.

REGISTERED ADDRESS/INVOICING	
Company name	Managing Director
Street	Birthday of Managing Director
Postal code / city	VAT number
Country	Tax number
Phone	Commercial registration no.
Fax	Date of founding
Mobile phone	Annual turnover in original consumables
Nature of business (according to commercial registration)	Annual turnover in printers
Website	

OFFICE ADDRESS (if different to registered address)
Company name
Street
Postal Code/City
Country
<input type="checkbox"/> This office legally belongs to the company mentioned above as registered address.

WAREHOUSE/ DELIVERY ADDRESS (if different to registered address)	
Company Name	VAT Number (if different to invoice address)
Street	Commercial registration no. (if different to invoice address)
Postal Code/City	Contact-person warehouse
Country	Phone/Fax
<input type="checkbox"/> This office legally belongs to the company mentioned above as registered address.	



CONFIRMATION OF AUTHORIZED PURCHASE EMPLOYEES (if you buy goods from AXRO)

Due to German law all persons purchasing on behalf of your company are kindly asked to supply us below their full names: This ensures that no false or unauthorized orders are made in the name of your company.

Herewith, we confirm that the following person(s) are authorized to place orders without restriction on behalf of our company:

Contact person 1 (Purchasing department)	Direct phone	E-mail
Contact person 2 (Purchasing department)	Direct phone	E-mail
Contact person 3 (Purchasing department)	Direct phone	E-mail

CONFIRMATION OF AUTHORIZED SALES EMPLOYEES (if you sell goods to AXRO)

Due to German law all persons selling to us on behalf of your company are kindly asked to supply us below their full names: This ensures that no false or unauthorized offers are made in the name of your company.

Herewith, we confirm that the following person(s) are authorized to contact us without restriction on behalf of our company:

Contact person 1 (Sales department)	Direct phone	E-mail
Contact person 2 (Sales department)	Direct phone	E-mail
Contact person 3 (Sales department)	Direct phone	E-mail

CONTACT DETAILS FINANCIAL DEPARTMENT

Contact person 1 (Financial department)	Direct phone	E-mail
Contact person 2 (Financial department)	Direct phone	E-mail
e-mail address where invoices should be sent to		

BANK INFORMATION (please add the details of the paying bank)

Bank 1	Bank name	account owner
	IBAN	BIC
Bank 2	Bank name	account owner
	IBAN	BIC
Bank 3	Bank name	account owner
	IBAN	BIC

