

ACCOUNT OPENING REQUEST

Document to send back completed and signed accompanied by a bank account identification and a letterhead.
Per email: emilie.petrequin@tetradis.com or per fax at **04 74 95 39 94**

BILLING

NAME or CORPORATE NAME OF THE COMPANY:

BILLING address:

Zip code:

City:

Phone number:

Fax number:

Email:

Website:

Accounting Manager name:

Phone number:

Email:

Accounting information

EU VAT Numbers:

APE Code:

Date of establishment:

Company number:

Legal form:

When Work agency, please specify the affiliation company number:

DELIVERY

NAME or CORPORATE NAME OF THE COMPANY:

DELIVERY address:

Zip code:

City:

Phone number:

Fax number:

Email:

Purchase Manager name:

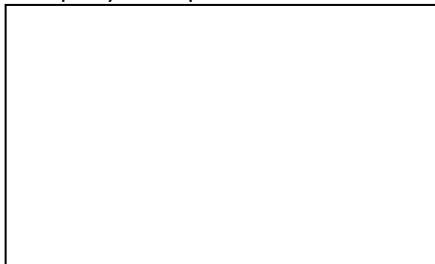
Phone number:

Email:

Payment Terms

Payment on Proforma before delivery/production.

Company stamp:



Name and Title of authorized signatory:

Done in:

on:

Signature: