CUSTOMERS FORM

Company: Legal (corporate) form: VAT ID			
		Homepage:	Email
		Company Address: (Invoice data)	Delivery address:
Street:	Street:		
Post code			
City			
Contact person:	Contact person from accountancy department:		
first name/surname	first name/surname		
phone:	phone:		
e-mail:	e-mail:		
fax:	fax:		
2	positions:		
First business is exclusively done in For further business the following con Conditions of delivery Ex works			
Delivery Duty Pay			
	THE GENERAL CONDITIONS OF SALE AND DELIVERY as issued by \(\frac{1}{2} \) (misc/ikonos_general_condition_201010_eng.pdf)		
City, date	signature and company stamp		