

Customer account application

TO BE COMPLETED BY THE CUSTOMER:

Company name:

Billing and payment address:

Postcode: Town/city:

Telephone: Fax:

SIRET (attach Kbis):

Intra-community VAT no.:

Activity:

Procurement manager:

Mr/Ms:

Telephone no.: Mobile no.:

Email address:

Accounting:

Mr/Ms:

Telephone no.: Mobile no.:

*Email address:

**Required for sending invoices*

Logistics:

Mr/Ms:

Telephone no.: Mobile no.:

Email address:

In their absence, contact:

Telephone no.: Mobile no.:

Email address:

Payment method:

Cheque Banker's draft

Bank transfer Other

To be determined:

Direct debit (attach bank details):

Permission to send you mailings: Yes No

Email address (if different from the address above):

drive DeVilbiss Healthcare France

Chaussée du Ban la Dame • Parc d'activités Eiffel Energie • ZAC du Ban la Dame • BP 19 • 54390 FROUARD FRANCE

Tel. +33 (0)3 83 495 495 • Fax. +33 (0)3 83 495 496 • www.drivedevilbiss.fr • SAS with a capital of €4,180,536.00

R.C.C. Nancy B 622 034 460 / Siren 622 034 460 / APE Code 4646Z / VAT ID FR 29 622 034 460

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TO BE COMPLETED BY THE CUSTOMER:

DELIVERY LOCATION

Delivery address (if different from the billing and payment address):

Is it **preferable** to schedule an appointment? Yes No

Is it **mandatory** to schedule an appointment? Yes No

Which days can goods be received?

Monday Tuesday Wednesday Thursday Friday

Opening hours?

Days that the premises are closed? Yes No If yes, which day(s): M T W T F

Forwarding agent (if required):

Address:

Postcode: Town/city:

Telephone: Fax:

Email address:

LORRY AND UNLOADING ACCESS

Is access possible for:

↗ Heavy goods vehicles, semi-trailers: Yes No

↗ Light vehicles: Yes No

Are you equipped with a/an:

↗ Unloading bay: Yes No

↗ Forklift Yes No

↗ Pallet truck Yes No

Comments & Guidance:

INTERNAL: DRIVE DEVILBISS HEALTHCARE FRANCE

SAP customer account no.:

Commercial:

Facto CIC: Yes No

Customer rate group: Price group:

Comments & Guidance:

**Please notify us if there are any changes/amendments to the information provided.*

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