

DATE OF SUBMITTAL: ____/____/____/

ITEMS MARKED WITH AN ASTERISK (*) REQUIRE PROOF OF DOCUMENTATION.

DESIGNER / ELECTRICIAN / CONTRACTOR / ARCHITECT

Company Name: _____
Trade Name/Doing Business as name: _____
Business street Address: _____
City & Zipcode (if applicable): _____ Country: _____
Name Owner/Principal/Director: _____
Function: _____ Identification #*: _____
Phone: _____ Extension #: _____
Email: _____
Chamber of Commerce # (KvK dossiernr)*: _____ VAT # (if applicable): _____
Tax Department Identification # (persoons nr.)*: _____

CORRESPONDENCE / BILLING CONTACT INFORMATION

Name of Contact: _____
Function: _____
Billing address (if different): _____
Contact Phone: _____ Extension #: _____
Email: _____

COMMERCIAL REFERENCE

Bank Name: _____
Bank Address: _____
Bank Account #: _____
Beneficiary Name on Bank Account: _____
Routing #: _____ BIC/Swift Code #: _____
ABA #: _____ IBAN #: _____

Please submit this form together with:

Chamber of Commerce Extract*
(not older than 3 months)

Copy of valid ID*
 Proof of Tax Department Identification #*

Name and title: _____
Date: ____/____/____/

Signature of the representative of the company