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Client Application Form Dear Customer,

Company:Company Owner:Contact Person:Cooperation:	to setup your account in our system, we ask you to fill out every step of this formular care- fully. When you have finished, please send this document alongside your business registrati- on or certificate of registration back to us by e-mail or fax. This will help us to handle your individual case properly. Thank you!
Employees:	Overall Shop Area:
Founding Year:	Membership-Code:
Billing Address:	Business Type:
Address:	Car Audio Specialist
Postcode:	Electronics-Dealer
City:	Vehicle Construction
Phone:	Car Equipment
Mobile:	Commercial Vehicle Dealer / Service
Fax:	Agricultural- or Construction machine Dealer / Service
	Online Shop
E-Mail:	Other

I'd like to receive the AXION-newsletter by e-mail.

(The AXION newsletter will be sent to you by e-mail. It contains information about new products, special offerings and our latest price lists. AXION will be discreet about your personal data used to send the newsletter and not pass it to any third parties. Whenever you like you can cancel to receive the newsletter permanently by contacting us by any contact address on this document, such as phone, fax, e-mail, postal mail)

VAT-ID No.:			
We are especially interrested in:			

Date, Place and Signature: ____