



# CUSTOMER APPLICATION FORM



Application to open an account

## Please complete all fields below

### 1. Company information:

Company name:

Postcode:

Address line 1:

Telephone:

Address line 2:

Email:

Town:

### 2. Company registration number:

### 2. VAT number:

### 4. Banking details:

Bank name:

Email to receive  
invoices:

Account number:

### 5. communication:

First name:

First name:

Family name:

Family name:

Job title:

Job tite:

Telephone:

Telephone:

Email:

Email:

Email order comfirm:

Email order delivery:

### 6. Confirmation:

Date:

Signature:

Full name:



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Your information provided on this form will be stored by ADI Global Distribution in accordance with current legislation data protection for the purpose of providing the service you have requested.

By submitting this inquiry form, you agree to receive information from ADI Global Distribution and its products and services.

By returning / signing the following applies to this application:

- › You apply for a business account with ADI Global Distribution
- › The agreed credit terms and payment terms will be respected
- › ADI can, if desired, initiate a credit investigation
- › You agree to the General Terms of Delivery of ADI Global Distribution

**PLEASE EMAIL THIS FORM AND YOUR COPY TO: [klantaanvraag.nl@ADIGLOBAL.COM](mailto:klantaanvraag.nl@ADIGLOBAL.COM)  
YOU WILL RECEIVE A CONFIRMATION OF YOUR REGISTRATION WITHIN 3 BUSINESS DAYS.**