



Please tick

Customer form

DATE:

- School
- Day care centre
- Maison Relais
- Association/Club
- Other _____

Name of the institution		
Name of municipality (for schools)		
Name of the head / person in charge		
Name of contact person		
Billing address		
email adress billing		
PEPOLL User	Yes <input type="radio"/>	No <input type="radio"/>
Identification nr. PEPOLL		
VAT number Number		
Delivery address (if different from billing address)		
E-Mail of contact person		
Phone no.		
Message/comment		

For day-care centres, Maison Relais, ets	Signature of the person responsible + stamp of the company

For schools and teachers	Name and signature of the teacher