Azbil Europe NV

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Dear customer,

In order to complete the customer file on your company and to ensure a smooth service to your company, may we kindly request you to complete the form below and return it to us by e-mail or by fax as soon as possible.

Thank you in advance.

CUSTOMER INFO SHEET

	INVOICE TO :
OFFICIAL COMPANY NAME	
FULL ADDRESS (Street, area code, city and country)	
TELEPHONE NUMBER	
FAX NUMBER	
VAT NUMBER	
CONTACT	Mr./Mrs.
E-MAIL ADDRESS	
WEBSITE	
COURIER ACCOUNT NO. (DHL, UPS, ...) (if applicable)	

	DELIVERY ADDRESS : (if different from the above)
OFFICIAL COMPANY NAME	
FULL ADDRESS (Street, area code, city and country)	
TELEPHONE NUMBER	
FAX NUMBER	
VAT NUMBER	
CONTACT	
E-MAIL ADDRESS	

	ORDER INFO :
END USER NAME	
END USER'S COUNTRY	
END USE	

Date: 27 July 2010