

Please fill and send to : extranet@gruau.com

CUSTOMER'S ACCOUNT OPENING PROCEDURE

CUSTOMER NUMBER (Gruau Information)			
COMPANY NAME*			
ADDRESS*			
POSTCODE*			
CITY*			
COUNTRY*			
PHONE NUMBER*			
FAX NUMBER			
SALES CONTACT PERSON*			
PHONE NUMBER			
ACCOUNT CONTACT PERSON			
PHONE NUMBER			
E-MAIL*			
DELIVERY ADDRESS (if different)	INVOICING ADDRESS (if different)		
VAT NUMBER *			
COMPANY REGISTRATION NUMBER*			
DUNN & BRADSTREET Nb			

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<u>LEGAL SITUATION:</u>	
JURIDICAL STATUS*	<input type="checkbox"/> LTD <input type="checkbox"/> others :
ACTIVITY*	<input type="checkbox"/> BRANCH <input type="checkbox"/> DEALER <input type="checkbox"/> REPRESENTATIVE <input type="checkbox"/> REPAIR CO <input type="checkbox"/> BODYBUILDER <input type="checkbox"/> Others :
	<input type="checkbox"/> CITROEN <input type="checkbox"/> PEUGEOT <input type="checkbox"/> RENAULT <input type="checkbox"/> FORD <input type="checkbox"/> RVI <input type="checkbox"/> IVECO <input type="checkbox"/> VAG <input type="checkbox"/> MERCEDES <input type="checkbox"/> DAF <input type="checkbox"/> NISSAN <input type="checkbox"/> TOYOTA <input type="checkbox"/> RENAULT TRUCKS <input type="checkbox"/> OPEL <input type="checkbox"/> FIAT <input type="checkbox"/> Others : PDI

TERMS OF PAYMENT	
MEAN OF PAYMENT	
TERMS OF DELIVERY	

DATE AND SIGNATURE* :