



# CUSTOMER ACCOUNT OPENING REQUEST

ZAC des Pradeaux – Bld Salvador Allende  
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Please fill-out and fax back this form

## COMPANY TYPE

Legal name: \_\_\_\_\_

Registration #: \_\_\_\_\_

CEO or Manager: \_\_\_\_\_

Capital: \_\_\_\_\_

Founded: \_\_\_\_\_

Tel.: \_\_\_\_\_

## HEADQUARTER – BILLING ADDRESS

Address: \_\_\_\_\_

ZIP / Postal Code: \_\_\_\_\_ City: \_\_\_\_\_

Tel.: 1) \_\_\_\_\_ 2) \_\_\_\_\_

Email: \_\_\_\_\_

Country: \_\_\_\_\_

Fax: \_\_\_\_\_

Web Site: \_\_\_\_\_

## DELIVERY ADDRESS (if different)

Address: \_\_\_\_\_

ZIP / Postal Code: \_\_\_\_\_ City: \_\_\_\_\_

Tel.: 1) \_\_\_\_\_ 2) \_\_\_\_\_

Email: \_\_\_\_\_

Country: \_\_\_\_\_

Fax: \_\_\_\_\_

Web Site: \_\_\_\_\_

## ACTIVITIES

Distribution (description): \_\_\_\_\_

Integrator (description): \_\_\_\_\_

Installer (description): \_\_\_\_\_

Others (description): \_\_\_\_\_

## REFERENCES

Bank (Bank transfer information is mandatory): \_\_\_\_\_

Suppliers (list 3 of your main suppliers):

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

I, undersigned, agree and accept the General Terms of sales.

Signature & Company Stamp

Name & Title:

Location:

Date: