

## NEW CUSTOMER ACCOUNT FORM

DATE: \_\_\_\_\_

Company name: \_\_\_\_\_ Company owner: \_\_\_\_\_  
Address: \_\_\_\_\_ Company date of incorporation: \_\_\_\_\_  
Address 2: \_\_\_\_\_ VAT no.: \_\_\_\_\_  
City / zip code: \_\_\_\_\_ Company reg. No.: \_\_\_\_\_  
County: \_\_\_\_\_ Website: \_\_\_\_\_  
Country: \_\_\_\_\_ Invoice e-mail: \_\_\_\_\_  
Contact person: \_\_\_\_\_ E-mail for commercial use: \_\_\_\_\_  
Contact e-mail: \_\_\_\_\_  
Contact phone no.: \_\_\_\_\_

### DELIVERY ADDRESS, IF DIFFERENT FROM ABOVE

Address: \_\_\_\_\_  
Address 2: \_\_\_\_\_  
City / zip code: \_\_\_\_\_  
County: \_\_\_\_\_  
Country: \_\_\_\_\_

Shop type: ☐ Fashion ☐ Sport ☐ Street ☐ Exclusive  
☐ DIY ☐ Outlet ☐ Supermarket ☐ Other

☐ Online store: \_\_\_\_\_

☐ I accept STATE OF WOW's standard terms and conditions

Date / signature / stamp: \_\_\_\_\_

