

CUSTOMER ACCOUNT APPLICATION FORM

Delivery address



Staff Members



Company: _____

VAT number: _____

Address: _____

Town: _____

Zip code: _____

Country: _____

Phone: _____

Parts manager: _____

E-mail: _____

Phone/Mobile: _____

Service manager: _____

E-mail: _____

Phone/Mobile: _____

Accounting department: _____

E-mail (invoices): _____

Industry

Agricultural equipment - Brand(s)



Dairy - Brand(s)



Payment



Payment method SEPA direct debit

Bank transfer

Bank account details:

Billing address

Tick the box if your billing address is the same as your delivery address

IBAN: _____

International Bank Account Number

BIC/SWIFT: _____

Bank Identifier Code

Creditor's name: BREIZELEC

Creditor identifier: FR18ZZZ516599

Creditor's address: 23 Z.A. de Penn Ar Roz
29150 CHATEAULIN, FRANCE

Signature: _____

Date & location: _____

Your right regarding the above mandate are explained in a statement that you can obtain from your bank.

By signing this mandate form, you authorize BREIZELEC to send instructions to your bank to debit your account and your bank to debit your account in accordance with the instructions from BREIZELEC. As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks starting from the date on which your account was debited.

Company: _____

Address: _____

Town: _____

Zip code: _____

Country: _____