

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

Company: _____

Address: _____

Town: _____
Zip code: _____
Country: _____

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:

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.

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