

# 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  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:** \_\_\_\_\_

**ACC. Nr:** \_\_\_\_\_  
 Account number

**SORT CODE:** \_\_\_\_\_  
 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.