



O | CONNECT

Application Form (1/2)

Company Data and Bill-To-Address (Juridical Address)

Company Name and Legal Form*: _____

Trading Name (if different from above)*: _____

Street Name*: _____

Zip Code and City*: _____

Country*: _____

Managing Director(s)*: _____

Owner(s) for Sole Partnership**: _____

Company Registration No.: _____ VAT Registration No.*: _____

Website: _____

Ship-To-Address

Name*: _____

Addition*: _____

Street Name*: _____

Zip Code and City*: _____

Country*: _____

Company Informations:

Number of Employees: _____ Date of Foundation: _____

Annual Turnover last Financial Year: _____

Type of Business (f.e. retailer, web-shop, trade): _____

Contact Informations

Phone*: _____

Fax*: _____

Email for General Information*: _____

Email for Invoice Notifications: _____

Email for Shipping Information: _____



Application Form (2/2)

Bank Details

Bank Name: _____

IBAN: _____ BIC: _____

Direct Contact

Purchasing* Name: _____

Phone: _____ Email: _____

Sales Name: _____

Phone: _____ Email: _____

Accounts* Name: _____

Phone: _____ Email: _____

Logistics Name: _____

Phone: _____ Email: _____

E-mails

☐ We hereby declare ourselves in agreement with O-Connect newsletters.

For a business relationship our Terms and Conditions exclusively apply (please visit our website)

Please return this application form along with your Company Registration Certificate, VAT Registration Certificate and a Company Letterhead to register@o-connect.com. With your signature you confirm the acceptance of our terms and conditions. All information given above are true and correct. Please notify about any changes. All fields marked with a star (*) are mandatory fields.

Name in CAPITAL LETTERS*

Company Stamp and Signature*