IT-SERVICE
SICHERHEITSSYSTEME - NETZWERKTECHNIK

BERATUNG
PLANUNG
INSTALLATION
SERVICE

New Customer Form

Please complete all fields and return to info@fs-itgmbh.de.

1. Customer and billing details

Company / full name

Street and house number (billing address)

Postcode and town/city

Country

VAT identification number (if available)

Order reference / cost centre (optional)

2. Contact person and invoice delivery

Contact person

Telephone

Email address for enquiries

Email address for invoice delivery

Different delivery / service address (if applicable)

3. Payment terms

Payment due immediately, without deduction.

I confirm that the information provided is correct and confirm the payment terms stated above.

Place and date

Signature of customer / authorised representative