Electrolux Palenzo Sterilization Dealer Application

Electrolux Bitola 047/203 330

Electrolux Skopje 02/3298 130

www.electroluxpalenzo.mk

CONTACT INFORMATION	BILLING INFORMATION
Owners Name:	A/P Contact Name:
Company Name:	Company Name:
Address:	Address:
Phone:	Phone:
Fax:	Fax:
Email:	Email:
GENERAL INFORMATION	
Tax ID Number.	Principle Officer:
	Title
PST Number.	Years In Business:
MARKETS THAT YOUR COMPANY T	ARGETS
1:	
2:	
3:	
	W-040004 000 0040 0040 005 0040 005
REGIONAL AREAS THAT YOUR COM	MPANY SERVICES
HOW DID YOU BECOME AWARE OF WYCKOMAR?	
-	
WHAT ELSE WOULD YOU LIKE US T	O KNOW TO SERVE YOU BETTER?
	20.00 to 10.00 to 10.00 to 10.00 to 20.00 to 20.
SIGNATURE & AUTHORIZATION	
Signature below represents and warrants that (a) and (b) that the information provided herein is con	the party signing below is an authorized representative of the company: nplete and accurate
Signature:	Date:
Print Name:	Business Title: