

## MASTER DATA <CLIENTS>

date: 31.01.2022

<b>Customer ID.:</b>		<b>Customer short form:</b>	
<b>Complete name of company:</b>			
<b>Address:</b> <b>Street / building etc.</b> <b>Postal code city</b>			
<b>Phone/Fax:</b>			
<b>Additional address information:</b>			
<b>VAT-No:</b>		<b>Industrial sector:</b>	
<b>Terms of payment:</b>		<b>Terms of delivery:</b>	
<b>electronic invoicing:</b>	We agree to the receipt of electronic invoices (e-invoice) or accounting credits by mikrolab GmbH until this is revoked by us in writing		<input type="checkbox"/>
<b>Email address for electronic invoicing:</b>			



Please complete the form. If you have any further questions please feel free to contact us. Please sign the form and send it back as soon as possible.

## DETAILS – CONTACT PERSONS

Name	Department/Position	Email-Address	Phone	Fax

\_\_\_\_\_  
Company name

\_\_\_\_\_  
Datum

\_\_\_\_\_  
mikrolab

\_\_\_\_\_  
Datum