

This application must be submitted in its original with a copy of the registration certificate from the the Swedish Companies Registration Office. (Bolagsverket).

PLEASE WRITE CLEARLY

COMPANY NAME		CORPORATE IDENTITY NUMBER	
CONTACT - PURCHASE		CONTACT - ECONOMY	
PHONE NUMBER	FAX NUMBER	MOBILE NUMBER	
STREET ADDRESS	ZIP CODE	POSTAL ADDRESS	
EMAIL ADDRESS			

BRANCH:				
<input type="checkbox"/> MORTAR & PLASTER	<input type="checkbox"/> TILES	<input type="checkbox"/> CONCRETE	<input type="checkbox"/> PAINTING	<input type="checkbox"/> CONSTRUCTION
<input type="checkbox"/> PERSONAL CAPACITY	<input type="checkbox"/> STATE/MUNICIPALITY	<input type="checkbox"/> PREFAB	<input type="checkbox"/> DISTRIBUTOR	<input type="checkbox"/> HOUSING ASSOCIATION

DESIRED LIMIT (AMOUNT IN SEK)	TOTAL TURNOVER (AMOUNT IN SEK)
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<input type="checkbox"/> SEND A PDF INVOICE TO THE EMAIL ADDRESS ABOVE	
<input type="checkbox"/> SEND A PDF INVOICE TO ANOTHER EMAIL ADDRESS:	<input type="text"/>
<input type="checkbox"/> SEND THE INVOICE BY REGULAR MAIL FOR AN ADDITIONAL FEE	

THIS APPLICATION IS SIGNED BY AN AUTHORIZED SIGNATORY

SIGNATURE - AUTHORISED SIGNATORY	NAME IN BLOCK LETTERS	
SOCIAL SECURITY NUMBER	DATE	CITY

I declare that the information provided is correct and complete, and that I have read and accept the attached contract terms. I am aware that the goods are sold with retention of title. I accept that Brukspecialisten in Väst AB collects credit reports and eventual references. I am aware that the application can be rejected without further explanation. I undertake to notify Brukspecialisten i Väst AB without delay of any change of address and any other changed circumstances that may affect the credit assessment.

THE FIELDS BELOW ARE FILLED IN BY BRUKSPECIALISTEN I VÄST AB

ACCOUNT MANAGER	CATEGORY	APPROVED LIMIT
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	CUSTOMER NUMBER
COMPANY NAME	CORPORATE IDENTITY NUMBER

HEREWITH THE FOLLOWING PERSONS ARE ALLOWED TO CHARGE GOODS FOR INVOICING ON THE COMPANY'S ACCOUNT.

NAME	MOBILE NUMBER	EMAIL
NAME	MOBILE NUMBER	EMAIL
NAME	MOBILE NUMBER	EMAIL
NAME	MOBILE NUMBER	EMAIL
NAME	MOBILE NUMBER	EMAIL
NAME	MOBILE NUMBER	EMAIL
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NAME	MOBILE NUMBER	EMAIL
NAME	MOBILE NUMBER	EMAIL
NAME	MOBILE NUMBER	EMAIL
NAME	MOBILE NUMBER	EMAIL

THIS POWER OF ATTORNEY IS SIGNED BY AN AUTHORIZED SIGNATORY

SIGNATURE	NAME IN BLOCK LETTERS	
SOCIAL SECURITY NUMBER	DATE	CITY