

New Customer Application Form



COMPANY DETAILS

Legal Name _____

Trading Name _____

Address _____

Zip code _____

City _____

Country _____

Phone _____

Website _____

VAT nr. _____

IBAN nr. _____

COMPANY TYPE

- Internet
- Retail
- Wholesale
- Home party

COMPANY NATURE

- Beauty
- Erotic
- Gift shop

Ship to this address Ship to other address *

* Attach a list of all additional delivery addresses.

1E CONTACTNAME

Position _____

Email _____

Phone _____

2E CONTACTNAME

Position _____

Email _____

Phone _____

The terms and conditions of Kama Sutra Europe are applicable on all our offers and deliveries. With signing this application form you agree and accept our terms and conditions.

Print name _____

SIGNATURE

Date _____