

Q-Pharma New Customer Sheet

<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Dispensing general practitioner
<input type="checkbox"/> Wholesaler	<input type="checkbox"/> Medical supply store
<input type="checkbox"/> Pharmacy	
Delivery address:	
Name:	<input type="checkbox"/> The same as delivery address
Street:	Name:
Postal Code / Place:	Street:
Country:	Postal Code / Place:
Contact Person:	Country:
Telephone:	Contact Person:
Fax:	Telephone:
Email:	Fax:
	Email:
	VAT nr:
Conditions:	
Payment: 30 days after receipt of invoice Delivery: 1-4 days after receipt of purchase order	Please send Purchase Order to: E-mail: aspaveli@eurocept.be

Date:

Filled in by: