



# DEALER APPLICATION FORM

Customer code :

Password :

not to fill

Dear customer,

To activate your account, we ask you to fill out this form and return it by fax on the 00 33 1 34 02 39 44 or by email at [info@disting.fr](mailto:info@disting.fr) with:

- A K-bis or trade registration form
- Your VAT number (only for foreigners): \_\_\_\_\_

After treatment, your account will be activated and you will be able to submit your orders.

BILLING ADDRESS	SHIPPING ADDRESS (If other than billing)
COMPANY :	COMPANY :
ADDRESS :	ADDRESS :
ZIP CODE:                      CITY :	ZIP CODE :                      CITY :
COUNTRY :	COUNTRY :

Tel :

E-Mail :

Fax :

Website

<input type="checkbox"/> <b>Credit cards</b> (Debit at the end of the month)	<input type="checkbox"/> <b>Bank transfert</b> (Payment before shipping)
- 16 CC Number: -----	<u>Account holder</u> : SARL DISTING
- Exp. Date: __ / __	<u>Bank name</u> : ARGENTEUIL CHAMP (01553)
- Holder:	<u>Account number</u> : 30004 01553 00010034957 88
- 3 Digit code (on bak of card) : ____	<u>IBAN</u> : FR76 3000 4015 5300 0100 3495 788
	<u>BIC</u> : BNPAFRPPENG

**THE FIRST ORDER HAVE TO BE PAYD CASH**

**ACCEPT GENERAL SALES CONDITIONS**

Date, signature and stamp company :

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# INFORMATION SHEET

**Company speciality :** Car  Motorbike  Scooter  ATV

Official dealer                       Agent

Accessories                               Online shop

**Main brands carried:** -----

**COMPANY CONTACT :**

POSITION	FIRST NAME	NAME	DIRECT LINE
MANAGER	Mr/Mrs/Miss		
ACCESSOIRES	Mr/Mrs/Miss		
ACCOUNTING	Mr/Mrs/Miss		

**OPENING HOURS :**

**MORNING**

**AFTERNOON**

Monday                      Form .....H..... to ..... H .....

From .....H..... to ..... H .....

  

Tuesday to Friday      Form .....H..... to ..... H .....

From .....H..... to ..... H .....

  

Saturday                    Form .....H..... to ..... H .....

From .....H..... to ..... H .....

**ANNUAL SUMMER CLOSURE :**

- Close from ..... to the .....
- Open