



TICASA B.V.

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APPLICATION FORM

Company details

Company Name :

Chamber of Commerce number :

VAT number :

Name owner :

Address :

Postal Code :

City :

Country :

Phone number :

Mobile number :

Logistics details

Delivery address :

Person responsible:

Phone number :

Mobile number :

E-mail :

Opening hours :

Loading dock available **yes / no** :

Pallet truck available **yes / no**:

Accessible with trailer **yes / no** :

Type of company Shop / wholesale / other :

Purchase information

Person responsible:

Phone number :

Mobile number :

E-mail :

Finance details

Person responsible:

Phone number :

Mobile number :

E-mail :

Acceptance of the TICASA sales conditions

By signing this form, you declare that you have read and accepted TICASA's general terms and conditions of delivery. These conditions can be found on www.ticasa.nl or can be requested by e-mail using the general telephone number.

Signed for acceptance of the TICASA sales conditions

Name :

Date :

Signature :