

## Registration 4/4 – Application Form

### General Information

#### Company Information

<b>Company Name *</b>	<b>Legal Status *</b>	
<input type="text"/>	<input type="text"/>	
<b>Address street 1 *</b>		
<input type="text"/>		
<b>Address street 2</b>		
<input type="text"/>		
<b>City *</b>	<b>State/Province</b>	<b>Country *</b>
<input type="text"/>	<input type="text"/>	<input type="text" value="-select-"/>
<b>Post Code *</b>	<b>Post Box</b>	<b>Post Box Post Code</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Phone Number *</b>	<b>Fax Number *</b>	<b>Web Page</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

#### Contact Person field\_reg\_first\_name=First Name

<b>First Name *</b>	<b>Middle Name</b>	<b>Last Name *</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Phone Number *</b>	<b>E-mail *</b>	
<input type="text"/>	<input type="text"/>	

#### Other Information

<b>Trade Register Number *</b>	<b>VAT Register Number *</b>	<b>Corporate Group</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

#### Company Subsidiaries

<input type="text"/>	<input type="text"/>	<input type="text"/>
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#### Number of Employees \*

<b>Quality assurance system *</b>	<b>Certification *</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text" value="-select-"/>	( if other please specify in the comment field)

#### Activities,Business Area \*

<input type="checkbox"/> Dealership <input type="checkbox"/> Design / Engineering <input type="checkbox"/> Installation <input type="checkbox"/> Manufacturing	<input type="text"/>
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#### Production Plant Locations

<b>Location</b>	<b>City</b>	<b>Country</b>
<input type="text"/>	<input type="text"/>	<input type="text" value="-select-"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="-select-"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="-select-"/>

### Products Group

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