

THAI MAS B.V.

Kievitsven 104
5249 JK Rosmalen

Tel: +31 (0)73 6231050
Fax: +31 (0)73 6231052
Email: info@thaimas.nl
Internet: www.thaimas.nl

**ACCOUNT APPLICATION FORM**

Fields marked with an * are mandatory.

COMPANY DETAILS

Comp. Name: * _____
VAT Nr.: * _____
Comp. Reg. Nr.: * _____
Owner: * _____
Legal Identity: * _____

Type of Business: Retail Catering Foodservice / C&C
 Import / Wholesale Industry

INVOICE ADRESS

Adress: * _____ Nr.: * _____
Postcode: * _____ City: * _____
Country: * _____
Telephone: * + _____ - _____ Fax: + _____ - _____
Website: _____

DELIVERY ADRESS (When different from Invoice Adress)

Company Name: _____
Adress: _____ Nr: _____
Postcode: _____ City: _____
Country: _____
Telephone: + _____ - _____ Fax: + _____ - _____

LOGISTICS

Business Hours: _____ Delivery Times: _____

Accesable by:

Van  Lorry  Artic Truck 

Loading Bay Tail lift needed Forklift on site

Please specify any parking restrictions:

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ACCOUNT APPLICATION FORM

Purchase Manager:

Name: _____ Email: _____
Telephone: + _____ - _____ Fax: + _____ - _____

Logistics Manager:

Name: _____ Email: _____
Mobile Nr: + _____ - _____ Fax: + _____ - _____

Contact accounts payable:

Name: _____ Email: _____
Telephone: + _____ - _____ Fax: + _____ - _____

Bank Account Nr.: _____

BIC / SWIFT code: _____

How would you like to receive our invoice:

On the pallet per Email Email: _____

At which e-mail address do you want to receive our offers:

Email: _____

Kindly attach an copy of your company registration form.

Please fill in this form and return it by e-mail or fax.