# Customer Master sheet

|  |  |  |
| --- | --- | --- |
| [ ]  Opening | [ ]  Change | [ ]  Deactivation |

**Company Information**

|  |  |
| --- | --- |
| **Sold-to party** |  |
| Customer number |      |
| GLN |  |
| Name 1 (max 40 char.) |      |
| Name 2 |      |
| Name 3 |      |
| Street |      |
| Postal code / Town |      |
| Country |      |
| Phone / Fax  |      |      |
| E-Mail |      |

|  |  |
| --- | --- |
| **Ship-to party**  | [ ]  same as Sold-to party  |
| Customer number |  |
| GLN |  |
| Name 1 (max 40 char.) |      |
| Name 2 |      |
| Name 3 |      |
| Street |      |
| Postal code / Town |      |
| Country |      |
| Phone / Fax  |      |      |
| E-Mail |      |

|  |  |
| --- | --- |
| **Bill-to party**  | [ ]  same as Sold-to party      |
| Customer number |  |
| GLN |  |
| Name 1 (max 40 char.) |      |
| Name 2 |      |
| Name 3 |      |
| Street |      |
| Postal code / Town |      |
| Country |      |
| Phone / Fax  |      |      |
| E-Mail |      |

|  |
| --- |
| **Language** |
| [ ]  German | [ ]  French | [ ]  English  |

|  |
| --- |
| **Price list** (only one selection permitted) |
| [ ]  No price | [ ]  Pharmacy/Drugstore/Retail | [ ]  Doctor |
| [ ]  Ex Factory  | [ ]  Department stores |  |

|  |
| --- |
| **Credit limit (**only if contractually agreed) |
| CHF |

|  |  |  |
| --- | --- | --- |
| **Only authorized for samples**  | [ ]  Yes | [ ]  Non |

|  |  |
| --- | --- |
| **Place / Date** | **Signature:** |
|  |  |
|  | *Person responsible partner* |

Please send the signed form to Alloga Ltd. by e-mail or fax.

Thank you very much for your cooperation.

Yours sincerely

Alloga Ltd.