

Reseller Application

Fill out the form and email it to info@zandparts.com

The company's registered name

The company's registered VAT/TAX number

Date of application

Billing address

Zip code (BA)

City (BA)

Country (BA)

Shipping address

Zip code (SA)

City (SA)

Country (SA)

Telephone

Contact person (supplies) email

Contact person (billing) email

The company's operating field

Number of employees

Signature (Authorized company representative)

Print the name in block letters

Zand Group AB

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