

Application for connection to TecCom

as Orderer Supplier

Company data

Company name: _____

Street: _____

ZIP: _____ Town: _____ Country: _____

Contact person: _____

Function: _____

Phone: _____ Fax: _____

E-mail: _____

Country: _____ Language: _____ Currency: _____

List of desired suppliers

No.	Company name	Address
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Your company:

- Retail
- Wholesale
- Manufacturer
- Importer
- Industry
- Repair shop

How did you first hear about TecCom?

- Supplier
- Manufacturer
- Recommendation
- Trade press/Internet
- Trade fair
- _____

What merchandise management system do you use?

What TecCom client do you use?

- WebService
- Local Client
- both

Please fill in the entire form, specifying all details. A complete supplier directory helps us to enhance the ordering options available to you on an ongoing basis.

Town, date and signature: