



Application Form – New Kavalkade Retailers

Shop (company)-Name: _____

Name of the president: _____ Date of birth president: _____

female: male:

Address (street): _____ No. _____

Town: _____ Postal (ZIP) code : _____

Country: _____

Phone: _____ Fax: _____

e-mail: _____ <http://www.> _____

Do you have a special delivery address? **Yes:** **No:**

Address (street): _____ No. _____

Town: _____ Postal (ZIP) code : _____

Bankers: _____

Bank: _____

Account No.: _____

SWIFT: _____

IBAN: _____

Bankers since: _____

EU only VAT-No. (EU tax-ID No.): _____

Shop:

Size of shop/ sqm: _____
(Showroom without stock, office ...)

Shop windows: _____ Established since: _____

The shop's interior is in use since: _____

Personal:

Full time: _____

Part time: _____

Brands represented: _____