

Account Application Form

Billing Address:

Name

Street

Postcode • City

Country

Phone

Fax

e-Mail

VAT Reg No (EU customers only)

Address of Delivery:

(If not equal to billing address)

Name

Street

Postcode • City

Country

Phone

Fax

e-Mail

To be filled out by Peter Lang AG

Discount

Term of Credit

Special Agreements

Reference 1:

Company

Contact Person

Street

Postcode • City

Country

Phone

Fax

e-Mail

Reference 2:

Company

Contact Person

Street

Postcode • City

Country

Phone

Fax

e-Mail

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