

CUSTOMER REGISTRATION FORM

Fax: 01476 514640



Company address/
Company stamp

Company name

VAT no.

Street

House no.

Post code

City

County

Contact:

Title

First Name

Last Name

Telephone

Fax

Email

Website

Activity:

(Tick boxes as applicable)

- Specialist dealer
- Repair engineer
- Manufacturer
- Other

Shipping address:

(only complete if different from the billing address)

Company

Street

House no.

Post Code

City

County

Please complete the registration form and fax it to 01476 514640. Within a few days we will send you a set of catalogues and your personal login for the GEV webshop.

Date:

Signature: