

Authorization to Represent the Company

Please return the completed document by mail to smile@natran-deutschland.de.

Shipper Details

(Information marked with an asteriks (*) are compulsory.)

Company name *

Street *

Post Code / Town *

Country *

User Details

Mr. / Ms. / - *

Name, First name(s) *

Tel

Fax

Mobile

Email *

Mr. / Ms. / - *

Name, First name(s) *

Tel

Fax

Mobile

Email *

We agree with the Terms of Use for the Client Web Service and have read the Privacy Policy of GRTgaz Deutschland.

[Date, location, signature of the legal representative of the company]

[Company, Stamp]