# Customer Master sheet

|  |  |  |
| --- | --- | --- |
| Opening | Change | Deactivation |

**Company Information**

|  |  |  |
| --- | --- | --- |
| **Sold-to party** |  | |
| Customer number |  | |
| GLN |  | |
| Name 1 (max 40 char.) |  | |
| Name 2 |  | |
| Name 3 |  | |
| Street |  | |
| Postal code / Town |  | |
| Country |  | |
| Phone / Fax |  |  |
| E-Mail |  | |

|  |  |  |
| --- | --- | --- |
| **Ship-to party** | same as Sold-to party | |
| Customer number |  | |
| GLN |  | |
| Name 1 (max 40 char.) |  | |
| Name 2 |  | |
| Name 3 |  | |
| Street |  | |
| Postal code / Town |  | |
| Country |  | |
| Phone / Fax |  |  |
| E-Mail |  | |

|  |  |  |
| --- | --- | --- |
| **Bill-to party** | same as Sold-to party | |
| Customer number |  | |
| GLN |  | |
| Name 1 (max 40 char.) |  | |
| Name 2 |  | |
| Name 3 |  | |
| Street |  | |
| Postal code / Town |  | |
| Country |  | |
| Phone / Fax |  |  |
| E-Mail |  | |

|  |  |  |
| --- | --- | --- |
| **Language** | | |
| German | French | English |

|  |  |  |
| --- | --- | --- |
| **Price list** (only one selection permitted) | | |
| No price | Pharmacy/Drugstore/Retail | Doctor |
| Ex Factory | Department stores |  |

|  |
| --- |
| **Credit limit (**only if contractually agreed) |
| CHF |

|  |  |  |
| --- | --- | --- |
| **Only authorized for samples** | Yes | Non |

|  |  |
| --- | --- |
| **Place / Date** | **Signature:** |
|  |  |
|  | *Person responsible partner* |

Please send the signed form to Alloga Ltd. by e-mail or fax.

Thank you very much for your cooperation.

Yours sincerely

Alloga Ltd.