

...feels so good!

## **AGNER Swissdrumsticks**

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Please send the completed form to us by email or fax Please fill in the order form in block letters, if filled by hand

## **DEALER APPLICATION FORM**

| 1. Company name (for legal entity):*  |                  |                   |                     |
|---|------------------|-------------------|---------------------|
| 2. Contact person (full name):*   |                  |                   |                     |
| 3. Contacts   |                  |                   |                     |
| Telephone:*   | + country code   | city code         | phone number        |
| Mobile phone:   | + country code m | nobile phone code | mobile phone number |
| Fax:  | + country code   | city code         | phone number        |
| Email:*   |                  |                   |                     |
| Your site:*   |                  |                   |                     |
| 4. Address  |                  |                   |                     |
| Country:*   | ZII              | D.                | City:*              |
| Street, house number:   |                  |                   |                     |
| 5. The region in which your company operates:   |                  |                   |                     |
| 6. Trading way:   |                  |                   |                     |
| 7. What products are you interested at the moment and in the future in:   |                  |                   |                     |
| 8. Anticipated monthly volume of purchases of drumsticks and products AGNER:*  (IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII |                  |                   |                     |
| 9. Desired way of delivery:   |                  |                   |                     |
| 10. Message:  |                  |                   |                     |
| * - required fields   |                  |                   |                     |
| Date:   |                  |                   | Sign                |