

## APPLICATION FOR OPENING AN ACCOUNT

Customer name	
Registration code	
VAT number	
Bank account (IBAN)	

**Address:**

Street, house number	
Postcode	
City / parish	
Country	

**Means of communication:**

Telephone	
Fax	
E-mail	
E-mail for invoice	
Web page	

**Contacts:**

	Name	Telephone	E-mail
Application signer			
Contact person about bill payment			

<b>Credit limit</b>	
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<b>Additional information:</b>	
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**Added documents:**

Letter of authorization certifying the powers of the signer to sign this statement, if the signer is not a member of the board.	
List of people (name, personal identification number, telephone (e-mail)), who are authorized to order and/or pick-up orders.	

**By signing this statement I confirm that I have read the Baltic Bolt OÜ [general sales conditions](#) and accept them.**

\_\_\_\_\_  
/date/

\_\_\_\_\_  
/signature/