





4. Supplier: \_\_\_\_\_

Town and Country: \_\_\_\_\_

Telephone and Fax No.: \_\_\_\_\_

Name Contact and Customer No.: \_\_\_\_\_

**6. Declaration**

We hereby confirm our receipt and acceptance of your current General Sales Conditions and request a credit account be opened in our name.

Credit Required € 

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Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Full Name: \_\_\_\_\_

Position: \_\_\_\_\_

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*For ChipSource Europe to fill in:*

*B.* \_\_\_\_\_

*R.* \_\_\_\_\_

\_\_\_\_\_

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