DeN BaStElGeCk s.à r.l.-S
17, rue du Bois
L-8813 Bigonville
Télé.: +352 28 80 86 87




# Customer form

Please tick

- ☐ School
- ☐ Day care centre
- ☐ Maison Relais
- ☐ Association/Club
- ☐ Other _____

DATE:

| | |
|---|---|
| Name of the institution | |
| Name of municipality (for schools) | |
| Name of the head / person in charge | |
| Name of contact person | |
| Billing address | |
| Delivery address (if different from billing address) | |
| VAT number Number | |
| E-mail | |
| Phone no. | |
| Message/comment | |

| | |
|---|---|
| For day-care centres, Maison Relais, ets | Signature of the person responsible + stamp of the company |
| | |

| | |
|---|---|
| For schools and teachers | Name and signature of the teacher |
| | |
| | |