



**Gütegemeinschaft
Flachglas**

Data Entry

The following information is only used to complete the master data of the association. Please fill out this form completely and legibly.

Company details:

Name (acc. Commercial Register): _____

Street, zip code, town: _____

PO box, zip code, town: _____

Phone: _____ Telefax: _____

Internet: _____

E-Mail: _____

Management of the company (owner, managing director, authorized signatory etc.):

Name, first name	Function	Date of birth
_____	_____	_____

E-Mail: _____

_____	_____	_____
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E-Mail: _____

Additional contact persons:

Name, first name	Function	Date of birth
_____	_____	_____

E-Mail: _____

_____	_____	_____
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E-Mail: _____

(Place and date)

Company stamp/legally binding signature