

# Customer Registration Form



Company:	VAT Nr.:
Address:	
Zip:	City:
Province / State:	Telephone:
eMail:	

## Contact 1

Department:	
First Name:	Last Name:
Mobile/Cell:	Telephone:
eMail:	
Language preference: <input type="checkbox"/> Spanish / <input type="checkbox"/> English	

## Contact 2

Department:	
First Name:	Last Name:
Mobile/Cell:	Telephone:
eMail:	
Language preference: <input type="checkbox"/> Spanish / <input type="checkbox"/> English	

We are interested in:

- performing Interworking and Functionality tests.  
 performing Interworking and Functionality Pre-tests.  
 performing verification of manufacturer test reports of Basic and System components.  
 other services \_\_\_\_\_

I confirm that I have read and accept the general terms and conditions.

I confirm that I have read and accept the privacy policy regarding the treatment of personal information.

Terms and conditions: <http://www.futurasmus-knxlab.com/condiciones.html>

Privacy policy: <http://www.futurasmus-knxlab.com/politica.html>

Date:

Stamp and signature:

Complete signatory name: