



BOYDAK DIŞ TİCARET A.Ş.
O.S.B. 2. CAD NO. 1
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CUSTOMER INFORMATION FORM

Date: _/ _/ _

| | | | | |
|--|---|------------------------------------|-----------------------------------|---|
| Name of Your Company: | | | | |
| Establishment Date: / VAT No: | | | | |
| Authorized Person/Contact: | | | | |
| Company Address: | | | | |
| City/Country: | Postal Code: | | | |
| Phone/Mobile Tel | Faks: | | | |
| E-mail: | Web Address: | | | |
| Area of Activity: | | | | |
| Number/size of Store(s): | <input type="checkbox"/> Rental/ | | | |
| | <input type="checkbox"/> Owned/ | | | |
| Number/Size of Warehouse(s): | <input type="checkbox"/> Rental/ | | | |
| | <input type="checkbox"/> Owned/ | | | |
| Number of Employees: | | | | |
| Annual Revenue (EURO) : | | | | |
| Countries and companies you are importing from: | | | | |
| Your Expectations : | | | | |
| How did you hear about our brands and company? : | <input type="checkbox"/> Internet | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Magazine | <input type="checkbox"/> Recommendation |
| | <input type="checkbox"/> Roadside Signs | <input type="checkbox"/> Billboard | <input type="checkbox"/> Tv Ads | <input type="checkbox"/> Radio Ads |