

## **Corporate customer information form**

CORPORATE CUSTOMER		Date	_/	20
○ Opening an account ○ Cash cust	comer			
O Cylinders owned by the customer	O Cylinders leased by the customer			
Please fill in all the information fields.				
Company name				
VAT number	Phone number			
E-mail				
Language				
Street adress				
Postal code	City			
○ The invoicing address is the same a	is the address above.			
Invoicing address				
Postal code	City			
E-invoicing address				
Operator ID				
CONTACT INFORMATION				
First name				
Last name				
Title/Position				
Social security number*	Phone number			
E-mail				
*The social security number is mandatory for a pr	ivate entrepreneur and deemed partnership.			
More information				



## **Customer service**

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