



Corporate customer information form

CORPORATE CUSTOMER

Date ____ / ____ 20 ____

- Opening an account Cash customer
 Cylinders owned by the customer Cylinders leased by the customer

Please fill in all the information fields.

Company name _____

VAT number _____ Phone number _____

E-mail _____

Language _____

Street address _____

Postal code _____ City _____

- The invoicing address is the same as 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 private entrepreneur and deemed partnership.*

More information _____



Customer service

Weekdays at 8 am-15.30 pm +358 40 166 2023 Email: medical@woikoski.fi

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