

NEW CLIENT REGISTRATION FORM EBL-0063

Útgáfunúmer. 1



Date: _____

Name of client: _____

Identity number: _____

Address: _____

Post code and area: _____

Contact person: _____ Telephone: _____

Test reports sent to the following e-mail address: _____

Invoices sent to the following e-mail address: _____

Invoices are requested on electronic form

Other information: _____

Invoices are only sent by e-mail and claims are created in an online bank, unless otherwise requested.

Please note that Sýni ehf. cannot be held responsible if data sent by e-mail reaches unauthorized persons in one way or another.

Signed on behalf of client: _____