Identification sheet

File details (***please complete in capitals)***

Legal form

Name of the company

Address

IBAN no B E

VAT number

Telephone Fax

E-mail

Company activity

Membership n° FOST Plus (where applicable)

Invoicing details ***(if different from above)***

Name

Address

Account Manager

Name

Function

Address

Telephone Fax

Mobile

E-mail

Valipac
Koningin Astridlaan 59A – bus 11 ▪ 1780 Wemmel ▪ Tel 02/456.83.10 ▪ Fax 02/456.83.20
info@valipac.be ▪ www.valipac.be

Send this document along with 2 signed copies of the contract and the declaration back to Valipac.

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