

Omega Optix, s. r. o., Pražská 1012
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CUSTOMER SHEET

Invoicing address

Company name:				
Street:				
Postal code:				
City:				
Country:				
VAT number:				
Currency:	EUR <input type="checkbox"/>	USD <input type="checkbox"/>	GBP <input type="checkbox"/>	SEK <input type="checkbox"/>
Phone number:				

Shipping address (if different)

Company name:				
Street:				
Postal code:				
City:				
Country:				
Phone number:				

Main contact for order specifications

Name:			
Email address:			

Use of multiple addresses is allowed.

Finance contact for invoices and credit notes

Name:			
Email address:			

Use of multiple addresses is allowed.

Email contact for electronic delivery notes

Email address:			

Use of multiple addresses is allowed.

Forwarder

DHL <input type="checkbox"/>	Transmed <input type="checkbox"/>	UPS <input type="checkbox"/>	Other <input type="checkbox"/>
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Shipping frequency

Daily					
Specific days	MON <input type="checkbox"/>	TUE <input type="checkbox"/>	WED <input type="checkbox"/>	THUR <input type="checkbox"/>	FRI <input type="checkbox"/>

Orders

Ordering tool:	Omega Direct <input type="checkbox"/>	Hawkstone (UK only) <input type="checkbox"/>	Own <input type="checkbox"/>
Order types:	Pair <input type="checkbox"/>	Pair + Bulk <input type="checkbox"/>	
Delivery note to be printed:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

Envelopes and Cards

Envelopes:	Omega <input type="checkbox"/>	White <input type="checkbox"/>	Own design <input type="checkbox"/>
Guarantee card:	YES <input type="checkbox"/> (please provide more details)		NO <input type="checkbox"/>
Labels:	Omega <input type="checkbox"/>	Individual <input type="checkbox"/> (please provide more details)	
Product names, engraving, stamping:	Omega <input type="checkbox"/>	Individual <input type="checkbox"/> (please provide more details)	

To be filled in by Omega export manager

Invoicing:	Standard monthly <input type="checkbox"/>	Other <input type="checkbox"/>
Payment terms:	Standard 2 weeks <input type="checkbox"/>	Other <input type="checkbox"/>
Agent:		
Main customer No. (to be billed on): (if different)		

Comment:

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