

LIBER·T

MEDTECH

DEALER DISCOUNT CODE (application)

Company name : _____ Web Site: _____

Legal or digital name: _____

Owner's name (s) : _____

Adresse : _____ City : _____

Zip code: _____ Phone : () _____ Fax : () _____

Responsible Name → Principal : _____ E-mail: _____

→ Account payable : _____ E-mail: _____

Owner's name (if tenant) : _____ Phone : () _____

Number of years in business : _____ Tax ID number : _____

Legal Status: Company Society Single owner

Where did you hear about i-PRESSURE:

REP: _____ Web site: _____ Magazine: _____ Trade Show: _____ Others: _____

Quantity ordered: 1 unit 3+ units Specify: _____

Liber-T comments:

AUTHORISED SIGNATURE: _____ DATE : _____

NAME (capital letters): _____