

Authorization to Represent the Company

Please return the completed document by mail to smile@grtgaz-deutschland.de.

Shipper Details	(Information marked with an asteriks (*) are compulsory.)
Company name *	_____
Street *	_____
Post Code / Town *	_____
Country *	_____
User Details	
Mr. / Ms. / -*	_____
Name, First name(s) *	_____
Tel	_____
Fax	_____
Mobile	_____
Email *	_____
Mr. / Ms. / - *	_____
Name, First name(s) *	_____
Tel	_____
Fax	_____
Mobile	_____
Email *	_____

We agree with the Terms of Use for the Client Web Service and have read the Privacy Policy of GRTgaz Deutschland.

[Date, location, signature of the legal representative of the company]

[Company, Stamp]