



Online Shop Registration

Company Information	
Name of Company:	
Address of Company:	
Postal Code:	Customer No.:

Application Information	
Name of Applicant:	
Job Title:	
Department:	
Salutation: <input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs	Tel:
Postal Code:	Customer No.:
Purchasing authority: (By choosing Yes, I agree that I have legal authority to place a purchase order on behalf of this company.) <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> I agree not to forward my login details to third parties	Signature / Date
<input type="checkbox"/> I agree to use my login details only whilst employed by the company entered.	
<input type="checkbox"/> I agree to the Terms and Conditions of Sales listed overleaf.	

Company Approval	
Application approved by:	
Job Title:	
Department:	
Salutation: <input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs	Tel:
Email:	Customer No.:
<input type="checkbox"/> I agree to the Terms and Conditions of Sales listed overleaf	
<input type="checkbox"/> We understand that it is our company's responsibility to inform Festo on any termination of the above Online user.	
Signature/Date	Company stamp

For official use only		
User ID	Staff:	Date:

Festo Inc.

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