Application form

Date: _____

Company name: * _____

Your products: * _____

Contactperson

Initials: * _____ Mr. / Mrs.

Surname prefix: _____

Surname: * _____

Date of Birth: * _____

Position: * _____

Postal address: * _____

ZIP code: * _____

Telephone number: * _____

Cell phone number: _____

Fax number: _____

E-mail: * _____

Website: _____

VAT number: * _____

Bank account number: * _____

I have been informed about TICA by: Advertisement / Website / Exhibitor / Acquaintance

In case the company address deviates from your postal address:

Office address _____

ZIP code _____ City _____

Delivery address (transport) _____

ZIP code _____ City _____

* marked fields are mandatory
This application form can only be taken under consideration if accompanied by your Chamber of Commerce document. One of our Customer Service employees will contact you as soon as possible to let you know if you comply with our registration requirements.