

# Application form for Internet portal

fax to +49 (0) 30 / 89 78 42 - 605



Qualitäts Management Center  
im Verband der Automobilindustrie

## Company details:

Number of employees worldwide:

Number of locations worldwide:

## Address for agreement:

Company:

Address:

Zip/post code, City:

## Contact:

Name, First name:

Department:

Telephone:

Fax:

E-mail:

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## Billing address:

Company:

Address:

Zip/post code, City:

## Details of the persons entitled to download:

### **1<sup>st</sup> Person:**

Name, First name:

E-mail:

### **2<sup>nd</sup> Person:**

Name, First name:

E-mail:

**The details provided above are confirmed to be correct.**

.....  
Place, date

.....  
Name in capital letters

.....  
Applicant's signature and company stamp