

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:

Application form for Internet portal

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



Qualitäts Management Center
im Verband der Automobilindustrie

Billing address:

Company:

Address:

Zip/post code, City:

Details of the persons entitled to download:

1st Person:

Name, First name:

E-mail:

2nd 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