

If you, as a specialist retailer, are interested in selling our products, please fill out this registration form and send it with your business registration or commercial register extract to info@ampire.de. Your information will be treated with absolute confidentiality and will not be passed on to third parties.

Company: _____

Contact person: _____

Street: _____

ZIP: _____ City: _____

Telephone: _____ Mobile: _____

Email: _____ Website: _____

TAX number: _____ VAT ID: _____

Shop available: Yes ☐ No ☐

Installation options available: Yes ☐ No ☐

Number of employees in sales/administration: _____ Sales/administrative area (m2): _____

Number of employees in installation: _____ Installation/workshop area (m2): _____

Opening hours: _____

Distribution channels: Specialist retail ☐ Car trade ☐ Car repair shops ☐ Internet trading ☐

_____ ☐

We are particularly interested in: _____

We would like to be contacted by an Ampire Electronics sales representative and receive specialist dealer information by email until revoked in writing.

City: _____

Date: _____ Signature: _____

Rubber stamp