

Registration Information

User Information

Full Name

Title

Telephone

Mobile

Fax

Email

Company Information

EIC

DVGW-Code

Company Name

Street and Number

Postcode and City

Country

P.O. Box

Postcode and City of the P.O.Box

Tax Information

VAT Number

Tax Number

Data Transfer

Information is not transferred to the responsible market area coordinators.

I confirm with my signature, that I have read and accept the terms and conditions for access to the network (conditions for the entry and exit contract and the supplementary terms and conditions) of ONTRAS Gastransport GmbH without restriction.

Place, Date, Signature of User:

Place, Date, Signature of an authorized person for your company:

Name of the authorized person in capital letters:

Department of the authorized person:

Position of the authorized person:

Company stamp:
