



**GEBRÜDER FABIAN**  
SCRAP · METALS

**Customer master data**

**Customer number** \_\_\_\_\_  
(to be filled in by Gebrüder Fabian GmbH)

**Home address**

Name 1 \_\_\_\_\_  
Name 2 \_\_\_\_\_  
Company management \_\_\_\_\_  
Legal form \_\_\_\_\_  
Street and house number \_\_\_\_\_  
Postcode, city \_\_\_\_\_  
Country \_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_  
Email \_\_\_\_\_  
VAT ID no. \_\_\_\_\_  
Tax number \_\_\_\_\_  
Commercial register number \_\_\_\_\_

**Bank details**

IBAN \_\_\_\_\_  
BIC \_\_\_\_\_

**Billing details**

Billing address ☐ As home address  
Or different

Company name \_\_\_\_\_  
Legal form \_\_\_\_\_  
Street and house number \_\_\_\_\_  
Postcode, city \_\_\_\_\_  
Country \_\_\_\_\_

Invoice dispatch ☐ By post  
☐ By email  
to \_\_\_\_\_  
☐ We will issue a credit note



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**Contact person for trade (sales)**

Name \_\_\_\_\_  
Phone \_\_\_\_\_  
Mobile \_\_\_\_\_  
Email \_\_\_\_\_

**Contact person for trade (purchasing)**

Name \_\_\_\_\_  
Phone \_\_\_\_\_  
Mobile \_\_\_\_\_  
Email \_\_\_\_\_

**Contact person back office/accounting department**

Name \_\_\_\_\_  
Phone \_\_\_\_\_  
Mobile \_\_\_\_\_  
Email \_\_\_\_\_

**Certified specialised waste  
management company**

☐

Yes

☐

No

By signing this form, I confirm that the information provided above is correct.

I hereby consent to the processing, use or transmission of this questionnaire and the information and personal data contained therein.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature/Stamp

Return the form by email to [buchhaltung@gebrueder-fabian.de](mailto:buchhaltung@gebrueder-fabian.de) or Gebrüder Fabian GmbH,  
Schnackenburgallee 192, 22525 Hamburg.