

LU-CIX ASBL | Application form (Page 1/2)

Requester *Name: *E-mail address: *Phone number: *Organisation name: *Organisation name: *Organisational e-mail: *Phone number:

Person attending the LU-CIX' General Meeting

*First name/Last name:

*Email address:

Person(s) receiving general LU-CIX' community information

*First name/Last name:

*Email address:

Person(s) receiving LU-CIX' marketing information

*First name/Last name:

*Email address:

Person(s) receiving LU-CIX' sales leads:

First name/Last name:

Email address:

Legal address	Postal address (if different from legal address)
*Legal address 1:	Legal address 1:
Legal address 2:	Legal address 2:
*City:	City:
*Postal (ZIP) code:	Postal (ZIP) code:
*Country:	Country:

Trade and companies register number:

Billing address (if different) Billing contact person

Invoice organisation: Honorific: Mr Mrs

Invoice address 1: *Name:

Invoice address 2: *Phone number:

City: *E-mail address:

Postal (ZIP) code:

Country:

Billing information

VAT number: PEPPOL ID:

Subject to yearly PO number? Yes No PEPPOL contact name:

PO number** for the current year:

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**Membershi	p package	categories.

Basic membership with marketing package Diamond

For small enterprises (≤ 10 employees)

Basic membership with marketing package Classic 2.000 €*** per year 1.000 €*** per year Basic membership with marketing package Gold 2.500 €*** per year 1.250 €*** per year 3.500 €*** per year 2.500 €*** per year 2.500 €***

10.000 €*** per year

I want to pay the invoice for this order by card (excepted AMEX) with a 2.6% service fee applied on its VAT included amount. I consider the total final global price for the amount for my potential purchase order.

Co	m	m	eı	nt	s:
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Date:

By signing this application form, I confirm to have read and to hereby accept without any restriction
(i) the documents of LU-CIX ASBL titled "by-laws - version consolidée" (articles of incorporation - consolidated version) and "Members Guide";
(ii) the LU-CIX ASBL "General Terms and Conditions" which form an integral part of this contract.

Date.

	Bato.
For requester	For LU-CIX ASBL
*Name:	Name:
*Signature:	Signature:

^{*:} Information can be published on the LU-CIX website.

^{*:} Mandatory field.

^{**:} If you don't have the PO number yet, please indicate "in progress".

^{***:} Prices are exclusive of VAT.