

Application Form for Straal Partner Program

1	COMPANY PROFILE	
	Country of registration business	
	Legal name of company	
	Legal form/Type of business	
	Company registration number	
	VAT / Tax Identification number	
	Registered street address (P.O. Box not acceptable)	
	House number	
	Postcode/zip code	
	City	
	Short description about company (scope of activities)	

2	BUSINESS CONTACT	
	Name and surname	
	Telephone number	
	e-mail	
	Position	

3	TYPE OF PARTNERSHIP	
	Role of Partner	<input type="checkbox"/> lead generation <input type="checkbox"/> integrator
	Type of on-boarding Merchants (ex. shops on-line, bill payments, booking services,	
	Country of on-boarding Merchants	

Completed Application Form please send to: partners@straal.com