

ADE PARTNER ORDER FORM

SUBMISSION FORM FOR:

☐ 14-DAY DEMO ACTIVATION☐ SUBSCRIPTION SET-UP***PARTNER:** _____***CUSTOMER NUMBER BY PARTNER:** _____

MAIN USER DETAILS:

FIRST NAME:** _____ ***LAST NAME:** _____USERNAME (EMAIL ADDRESS):** _____***PHONE NUMBER:** _____ **MOBILE NUMBER:** _____***DO YOU WANT TO RECEIVE PROMOTIONAL AND MARKETING EMAILS OR OTHER MATERIALS FROM ALLDATA?**☐ YES ☐ NO

COMPANY DETAILS:

COMPANY NAME:** _____BUSINESS TYPE:** _____ ***COUNTRY:** _____ **VAT ID:** _____***ADDRESS:** _____
_____***CITY:** _____***POSTCODE:** _____

TRIAL / SUBSCRIPTION DETAILS

START DATE (DD.MM.YYYY):** _____ ***FREQUENCY:** _____ TOTAL NUMBER OF ACCESS POINTS:** _____ **ALLDATA LABOUR TIMES (ADDITIONAL EXTENSION):**☐ YES ☐ NO**NOTE:** All fields marked * must be completed.[CLICK HERE TO SUBMIT FORM](#)