



## CUSTOMER APPLICATION FORM

Please enclose a copy of your registration at the Chamber of Commerce  
After receiving a fully completed form, we will process your application with care.  
Questions? Please contact [info@epn-europe.com](mailto:info@epn-europe.com)

### Company info

Company name:  
Contact name:  
Telephone:  
Email:  
Chamber of Commerce:  
VAT number:  
IBAN number:  
Industry:  
Interested in:  
Website:

### Billing/Invoicing

Address:  
Zipcode & City:  
Email / Telephone:

### Deliveries

Address:  
Zipcode & City:  
Email / Telephone:

*Opening hours (for dispatch, please enter opening- and closing time) :*

| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|--------|---------|-----------|----------|--------|----------|
|        |         |           |          |        |          |

I declare that I have read the general (delivery) conditions of the European Player Network (EPN) under <https://www.epn-europe.com/termsandconditions> and that I accept them.

I would like to receive the newsletters and other informative mailings from EPN.

**DATE**

**SIGNATURE**

## **Shop information Questionnaire:**

1. Do you own a physical shop?

Yes

No

2. Does your shop have a play area?

Yes

No

3. Do you host game nights / events in your shop?

Yes

No

4. For how many people can you host an event?

5. Do you organize demo events in your shop?

Yes

No

6. Do you actively promote board games on social media or other channels?

Yes

No

7. If you do promote board games on social media could you please share the link to your channel?