

# Add new address for

## EDQM store request form

Title	_____	Customer number	_____
Last name	_____		
First name	_____		
Company name	_____		
Address line 1	_____		
Address line 2	_____		
Postal code	_____	City	_____
State	_____		
Country	_____		
Phone	_____	Fax	_____
Email address	_____		
Type of business	_____		
VAT ID (EU only)	_____		
Message	<div style="border: 1px solid #ccc; border-radius: 10px; height: 80px;"></div>		