

New Customer-Form

Please send the completed form to info@wagner-solar.com

Company Information					
Company			Legal form	Legal form	
Contact person					
Phone			Mobile		
Fax			Email		
Website					
Office / billing address	Street _				
	Postcode / City _		_ /		
	Country _				
Delivery address	Street _				
	Postcode / City _		_ /		
	Country _				
VAT-Number		Comp	oany registration r	number	
Number of employees i	n my company		Years in busine	ess	
☐ I have an own installa	tion team 🗆 I sı	ubcontract			
Type of business	☐ Electrician ☐ Installer for heating systems ☐ Distributor				
	☐ Architect ☐ Engineering company ☐ Private customer				
	☐ Other				
I Came to Know Wagne	r Solar from				
☐ Internet	Exhibition, please indicate which one				
☐ Other					
I am Interested in					
\square Solar Thermal System	ns 🗆 PV Grid Co	nnected Syster	ns 🗆 PV Off-G	rid Sytems	
My Level of Experience	with				
Solar Thermal Systems		erience 🗆 S	ome experience	\square Good experience	
PV Grid Connected Systems \Box No ex		erience 🗆 S	ome experience	\square Good experience	
PV Off-Grid Sytems \square No		erience 🗆 S	ome experience	\square Good experience	