

Date

Dealer request*

Interested in the distribution of (please tick box):

 REFORM-machines REFORM-spare parts

Contact data (please fill in form completely)

Company name	
Proprietor Proprietress	
Contact person	
Street and number	
Zip and City	
State	

VAT-number	
Phone	
Fax	
Mobile phone	
E-Mail	
Website	
Ø annual turnover within the last 3 business years	
Number of employees	

Main branch of business	<input type="checkbox"/> agricult. technology	<input type="checkbox"/> municipal technology	<input type="checkbox"/> Other: _____
Range of trade marks			

Supplementary notes	
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*A valid certificate of competence (Trade and/or repair) must be attached

We thank you for completing the form and will contact you after having processed your request as soon as possible,

Best Regards

Your REFORM Team

Reform-Werke
Bauer & Co Gesellschaft
m.b.H Haidestraße 40, A-4600
Wels T +43 7242 232 0
info@reform.at

Agromont AG
Reform Schweiz
Bösch 1, CH-6331 Hünenberg
T +41 41 784 20 20
info@agromont.ch

Kiefer GmbH
Maschinenbau, Fahrzeugbau & Vertrieb
Furter Straße 1, D-84405 Dorfen
T +49 8081 414 0
info@kiefergmbh.de