

# Tenant Request Form

*This form will be used for financial correspondence, invoicing and potential payments.*

## Identification

Please attach official document specifying your registration number in a trade register.

Shop name	Triflex
Shopping Center	Metro
Contract N°	

### Legal partner

Org N°/MVA N°	126013948				
Email					
Name	Triflex GmbH Co. KG				
Address	Karlsstrase 59				
Postal Code	32423	City	Minden	Country	Germany

### Billing information

Name	Triflex GmbH Co. KG				
Address	Karlsstrase 59				
Postal Code	32423	City	Minden	Country	Germany
Phone N°					
Email for invoice					
Email for communication					

## Payment details

Please attach bank confirmation

Bank name	SPARKASSE MINDEN-LUEBBECKE
Bank account N°/BankGiro/PlusGiro	40102089
SWIFT/BIC	WELADED1MIN
IBAN	DE27490501010040102089
Account holders name	Triflex GmbH Co. KG
Land of the bank	Germany

## Comments

Date	
Signature	