

Distributor:	
Name:	
Legal ID:	
Address:	
Contact Person:	
Phone: Email:	

Bussines Account	
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Fiscal Name:	
Fiscal Address:	
Legal Document ID:	
Phone:	
Email:	
Is Group?	

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Contact Person:	
Contact Name:	
Contact Phone:	
Contact email:	

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Venue Account	
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Fiscal Name:	
Fiscal Address:	
Legal Document ID:	
Phone:	
Email:	

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Contact Person:	
Contact Name:	
Contact Phone:	
Contact email:	

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Licenses			
	POS:	POS SLAVE:	WAITER:
	CHEF:	RETAIL:	BOOKING:
Payment	Periodicity: <input type="checkbox"/> Montly <input type="checkbox"/> Annual	Fee:	
Payment Method:	<input type="checkbox"/> SEPA	<input type="checkbox"/> TRANSFER	<input type="checkbox"/> CARD
Bank Account:			
Swift code:			

Users/Workers			
Name:	Email:	Password:	Rights:
			<input type="checkbox"/> All Rights Or select the required <input type="checkbox"/> Reports section <input type="checkbox"/> Accouting section <input type="checkbox"/> Users section <input type="checkbox"/> Booking section <input type="checkbox"/> Products section <input type="checkbox"/> Stock section