

# DKV Order Form

## for DKV Viacard and Telepass (Toll in Italy)

Fax reply: +49 (0)2102 5518 192  
E-Mail: info@dkv-euroservice.com



**Customer details** (please complete fully and legibly)

Customer number	
Company	
Street, Building No.	
Post code, City	
Country	
Contact person	
Telephone	
Fax	
E-Mail	

**Delivery address** (if different from the address shown adjacent)

Company	
Street, Building No.	
Post code, City	
Country	
Contact person	
Telephone	

**A) DKV VIACARD ORDER:**

I hereby order (in number) \_\_\_\_\_ cards.

If ordering VIACARD/DKV for the first time, please also sign the „DKV Guidelines on applying for and using the VIACARD/DKV“ and return the original to DKV!

**B) TELEPASS ORDER:**

I hereby order (in number) \_\_\_\_\_ devices.

If ordering a TELEPASS device for the first time, please also sign the „DKV Guidelines on applying for and using TELEPASS terminals“ and return the original to DKV.

Please fill out the fields in the following table for every vehicle you wish to fit with a Telepass device!

No.	Vehicle registration number	Country of vehicle registration	Euro class
1			
2			
3			
4			
5			

No.	Vehicle registration number	Country of vehicle registration	Euro class
6			
7			
8			
9			
10			

In the case of more than 10 vehicles, please attach a further table!

For each Telepass ordered a valid Viacard has to be issued. We therefore hereby authorize DKV to issue whenever necessary additional Viacards so that the total number of Viacards issued to the undersigned company shall meet the total number of Telepass devices used by the undersigned company.

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Date Name(s) of the signatory/ies in block letters Legally binding signature of the applicant(s)