

Order form for using
BrainTrade Internet File Service



BrainTrade GmbH
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Setup Amendment Deletion

CBF Account Number

CBF Account Number(s) (optional)

Company name

Zip code City

Street address Country

Responsible contact person for the BrainTrade Internet-Fileservice in our company:

Contact person	<input type="text"/>	Contact person (deputy)	<input type="text"/>
Phone number	<input type="text"/>	Phone number	<input type="text"/>
Email address	<input type="text"/>	Email address	<input type="text"/>

We confirm that only authorized employees will get access to the User-ID and password.

Signature _____

City Date Name