

IMPRINT

Service provider within the meaning of § 5 TMG:

[Company Name]

[Address]

Contact Information:

Phone: [Phone Number]

Fax: [Fax Number]

Email: [Email Address]

Authorized Representatives:

[Names]

Registered office: [Country]

Registration court: [Court Name]

Commercial registration number: [Number]

VAT ID: [ID Number]

Tax ID: [ID Number]