

Contract

Instruction Sheet

Your Details

Title

Mr Mrs Ms

Your Name, Surname

Name of Company

Street/ ZIP/City

Phone

Email

File #

Partner of Contract

Name of Company

Director (Name, Surname)

Street/ ZIP/City

Phone

Email

Further Information

Contract Data

Which type of contract?

Economic value of contract?

Drafting of contract?

Negotiation of contract?

Checking of contract?

Date of instruction (today's date)

PLEASE NOTE: The sending of the form and/or the documents does not constitute a client attorney relationship. This requires the explicit acceptance of the mandate by the law firm by letter, fax or email. We take no responsibility for quick reaction to your request.

Please attach copies of contract or draft, if already available and relevant correspondence with the client and partner of contract.

PLEASE SEND TO DR.THORN Rechtsanwälte PartGmbH BY FAX ON 0049-89 -38019950
OR EMAIL TO: thorn@thorn-law.com