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|  |  |  | **טופס פתיחת לקוח** | | |  | |  | |  |
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|  | מוסד מבקש: | 20 |  |  |  |  | |  | |  |
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|  | שם הלקוח: | GENOMIC HEALTH |  |  | מספר עוסק: |  | |  | |  |
|  | מספר לקוח ב-SAP: |  |  |  | ח.פ: |  |  | |
|  |  |  |  |  |  |  | |  | |  |
|  | מספר ספק (לקיזוז): |  |  |  |  |  | |  | |  |
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|  | פרטי הלקוח: |  |  |  |  |  | |  | |  |
|  |  |  |  |  |  |  | |  | |  |
|  | כתובת: | 101 Galveston Drive  Redwood City, Ca 94063 |  |  | טלפון: | +1 650 556-9300 | |  | |  |
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|  | פרטים נוספים: |  |  |  |  |  | |  | |  |
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|  | תנאי תשלום: |  |  |  | קבוצת חשבון: |  | |  | |  |
|  |  |  |  |  |  |  | |  | |  |
|  | חשבון GL מרכז: |  |  |  | קבוצת ניהול כספים: |  | |  | |  |
|  |  |  |  |  |  |  | |  | |  |
|  | קבוצה (ZFI115): |  |  |  | תת קבוצה (ZFI115): |  | |  | |  |
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|  | מנה"ח לקוחות: |  |  |  |  |  | |  | |  |
|  |  |  |  |  |  |  | |  | |  |
|  | אישור חשב: |  |  |  |  |  | |  | |  |
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