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# IMPRINT

**Service provider within the meaning of § 5 TMG:**

[Company Name]

[Address]

**Contact Information:**

Phone: [Phone 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]