

Information about the company

*Corporate name incl. legal form
*Surname, first name (main contact partner)
*Industry
*Tax number
*VAT ID number
*Street
*Postal code / town
*Telephone
Telefax
Mobile
*Email
Website
*Delivery time
*Obligatory fields

The information listed above relates to the head office

There are no other offices

Would you like to receive our bill electronically?

Yes No If so, same person as (No.) _____

Contact details for contact partners

No.	Department	Same as (No.)	Surname, first name	Telephone number	Email address
1	Management				
2	Accounts contact				
3	QM / QS contact				
4	Purchasing contact				
5	Sales contact				
6	Marketing contact				
7	Web shop contact				

Would you like to subscribe to our newsletter?

Yes No If so, same person as (No.) _____

Delivery address, if different

*Trade name
*Contact partner
*Street
*Postal code / town
*Telephone
Telefax
Mobile
*Delivery time

How did you hear about us?

- Recommendation
- Internet
- Trade fair
- Newspaper / trade magazine
- Other

Other

Date

Signature and stamp

Please send your fax to: +49 40 8090300-99