



Suppliers – Selfinformation

Company	Company Name:		Homepage:		E-Mail:	
	Street, Number:		Postcode, City, Country:			
	Telephone No.:		Fax No.:			
Contact		Prenome/Name	Telephone No.	Fax No.	E- Mail	
	Manager:					
	Head of Sales Dep.:					
	Sales Dep.:					
	Account Dep.:					
Company data	Number of Locations:		Domestic:		Foreign:	
	Number of employes/stuff:		Domestic:		Foreign:	
	Total sales:		Last year:	This year:	Planned:	
	Export rate in % from the turnover:					
Accountancy	Bank:					
	Sort code:					
	Account number:					
	Swift- Code:					
	IBAN:					
	Ust.- Ident- No.:					
	Tax no.:					



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Terms of payment and delivery	Skonto:	3 % remarks:
		<input type="checkbox"/> yes <input type="checkbox"/> nein
	Days to pay with skonto:	_____ remarks:
		14 Days <input type="checkbox"/> yes <input type="checkbox"/> no
	Payment purpose during days:	30 Days remarks:
		<input type="checkbox"/> yes <input type="checkbox"/> no
	Delivery conditions:	<input type="checkbox"/> CIF <input type="checkbox"/> Ex Works
	Min. order quantity in Euro:	
	Delivery time of the articles in days:	
Quality	Do you only have an internal QM System in your Company?	
	Do you have a QM System referring the DIN ISO 9000?	

filled in by:

Date:	Prename, Name:	Function / Department:	Signature:

Internal References:

Applicant:	Acceptance Purchasing:	Data Input Account Dep.:	Data Input Purchasing: