

QUESTIONNAIRE FOR NEW CUSTOMERS

To be filled in by Nuvias **PROSPECT-NUMBER**

Please return to:
Nuvias AG
Europaallee 41
8021 Zürich / Switzerland

Please note the required fields when completing the questionnaire.
Send the form filled in with signature and company stamp to Nuvias.

T: +41 44 214 60 50
E: info.dach@nuvias.com

How did you notice about Nuvias?

- | | | | |
|----------------|-------------------|--------------|---------|
| Advert | Trade show | Advert-flyer | Website |
| Recommendation | Contact by Nuvias | | Other |

Company:
Street/ PO BOX:
ZIP Code: Town: Country:
Managing director:
Contact:
Phone:
Mobil:
eMail:
Commercial register no.:
tax ID number:

How many employees are working for you?

Which distributors do you cooperate with?

- | | |
|--------|--------|
| Rank 1 | Rank 2 |
| Rank 3 | Rank 4 |

Your IT security sales revenue:

Annual sales in total:
Estimated annual purchasing-volume with Nuvias:

Are you a member of a purchasing association?

- No Yes, name
Member no.:



Preferred payment terms:

(requires approval of our financial department)

Prepayment

30 days from invoice date

Preferred currency:

USD

CHF

Euro

Further informationen:

yes, I'd like to receive the Nuvias Newsletter via e-mail

yes, I'd like to receive the latest price list via e-mail

yes, I'd like to receive latest information via post service

Notice:

Delivery only under the general sales, delivery-and payment conditions of Nuvias AG.

Orders only in written form.

Declaration of consent for the credit check:

I / We declare that I / we consent to the transfer of my / our data through the Nuvias AG for the purpose of credit checking to credit insurances or economic agencies to receive information relating to the adress and credit information of my/ our company.

Please fill in by hand:

Place, date, signature

Company stamp

To be filled in by Nuvias

Partner Account Manager:

To be filled in by Nuvias

Atradius-sum. Insured:

Debitor Number:

Credit limit:

Payment terms: