

Application of supplier / service provider

Please complete this form and send it back to: einkauf@glS-itservices.com

If required, we will contact you. Afterwards we will send you a detailed supplier questionnaire.

Position	Data	Example
Company name	_____	Muster
Vendor number (if known)	_____	1234567890
Street	_____	Musterstraße
No.	_____	12
Zip code	_____	12345
Location	_____	Muster
Country	_____	DE
Language	_____	German

Contact person	_____	Max Mustermann
Phone	_____	+xx 1234 / 56789
Fax	_____	+xx 1234 / 567890
E-mail contact person	_____	max.mustermann@muster.de
Contact person IT	_____	
Phone	_____	
E-mail contact person	_____	
E-mail orders	_____	bestellung@muster.de
Are you on COUPA?	<input type="checkbox"/> yes <input type="checkbox"/> no	Yes / No
Search name on COUPA	_____	Musterfirma GmbH

VAT no.	DE123456789
D-U-N-S	123456789
Tax no.	123/456/7890
Bank country	DE
Bank key	12345678
Bank code	12345678
SWIFT/BIC	Muster123
Account no.	9876543
IBAN	DExx1234 5678 0987 6543 00
Terms of payment	14 days 2%, 30 days net
Terms of delivery Incoterm	DDP

General information about your company	Alternatively you can attach your company presentation, certificates etc. to your email
Which products / services do you want to offer?	
Information about your quality and environmental management	