

# QUESTIONNAIRE FOR NEW CUSTOMERS

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

Please return to:  
Nuvias Österreich GmbH  
Wienerbergstrasse 11/15a  
1100 Wien / Austria  
T: +43 (0)1-54 41 273-0  
F: +43 (0)1-54 41 273-281  
E: info.dach@nuvias.com

Please note the required fields when completing the questionnaire.  
Send the form filled in with signature and company stamp by fax to Nuvias.  
Our fax number is: **+43 (0)1-54 41 273-281**

## 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:

**Please also send us your commercial register extract/ business registration.**

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

**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 Österreich GmbH.

**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 Österreich GmbH 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:*

Company stamp

Place, date, signature

**To be filled in by Nuvias**

Partner Account Manager:

**To be filled in by Nuvias**

R+V-sum. Insured:

Debitor Number:

Credit limit:

Payment terms: