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| --- | --- | --- |
|  | | |
| **Supplier Terms and Conditions** | | |
|  |  | |
| **New information from supplier** | | |
| Supplier Name |  | |
| Supplier Number in ERP-System (if available) |  | |
| Supplier address | Street Address |  |
| Postal Code and City |  |
| Country |  |
| Web |  |
| Further and  Financial information: | Contact person’s name |  |
| Phone |  |
| E-mail of contact person |  |
| E-mail for receiving Purchase Orders |  |
| E-Mail Payment Advice |  |
| Bank name |  |
| Country where Bank (Account) is located |  |
| Bank account No |  |
| Branch code |  |
| IBAN code |  |
| BIC/SWIFT code |  |
| Company/GST Registration Number |  |
| Currency |  |
| General payment terms | (minimum: 60 days net or equivalent) |
| DUNS Number |  |
| Incoterm 2010 |  |
| Incoterm location (City+Country) |  |
| Please describe what kind of Product or Service you are providing to WSAudiology Group |  |  |
| **Date** | **Name, Signature and Company** | |
|  |  | |

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