

Application as Supplier

Print form and fax it to the following number +41 (0)71 955 66 67

Company information	Contact person
Company: _____	Family name: _____
Street: _____	First name: _____
Zip code/city: _____	Phone: _____
Phone: _____	Fax: _____
Fax: _____	Email address: _____
Email address: _____	

Information about products / semi-finished products	
Products: _____	Use: _____
_____	_____
_____	_____
Self-development: _____	

Location production: _____	

Information structure	
Number of employees _____	Competence: _____
_____	_____
Branch: _____	
Certifications: _____	

The five most important customers: _____	The 5 most important suppliers _____
_____	_____

Date, signature: _____	
