

SUPPLIER DATA QUESTIONNAIRE

To be filled in by the supplier

CORRESPONDENCE

Company:	
Street / building no.:	
Postcode / town or city:	
Country:	
Telephone number:	
Fax number:	
Sector:	
Language spoken:	
Homepage:	
Main email address:	

ORDER INFORMATION

→ Free home delivery without minimum order.

Order format:	<input type="checkbox"/> EDI	EDI code:	
	<input type="checkbox"/> Fax	Fax number::	
Delivery time (provisioning time):	days (maximum 3 days)		
DZ Niederbipp	Suggested order day (Monday to Friday):	Frequency:	
	<input type="checkbox"/> MO	<input type="checkbox"/> (6) weekly	
	<input type="checkbox"/> TUE	<input type="checkbox"/> (12) fortnightly	
	<input type="checkbox"/> WE	<input type="checkbox"/> (24) monthly	
	<input type="checkbox"/> TH		
	<input type="checkbox"/> FR		
DZ Lausanne	Suggested order day (Monday to Friday):	Frequency:	
	<input type="checkbox"/> MO	<input type="checkbox"/> (6) weekly	
	<input type="checkbox"/> TUE	<input type="checkbox"/> (12) fortnightly	
	<input type="checkbox"/> WE	<input type="checkbox"/> (24) monthly	
	<input type="checkbox"/> TH		
	<input type="checkbox"/> FR		
Postponed deliver if delivery late:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Order address: (if different from correspondence address)			

CONDITIONS OF RETURN

Would you accept returns from customers via the wholesaler? Yes (-> please fill in the conditions of return form) No

Return address:
(if different from correspondence address)

INFORMATION ON MERCHANDISING DELIVERY INVOICES

Your bank details: IBAN: _____
SWIFT / BIC: _____
Account no.: _____
Bank clearing no.: _____

Bank address: Name: _____
Street/building no.: _____
Postcode/town or city: _____
Country: _____

Billing address:
(if different from correspondence address)

VAT number: _____

Payment terms: 10 days, _____% discount
 20 days, _____% discount
 30 days, _____% discount

Currency: CHF

Syntrade / Markant: Yes No

E-mail address for bonus discount, reduction: _____

E-mail address for logistical costs discount: _____

INFORMATION ON INVOICES FOR MARKETING ACTIVITIES / SERVICES PROVIDED

Our bank details: IBAN: CH 53 00235 23543750220K
SWIFT / BIC: UBSWCHZH80A
Account no.: 43750220K
Bank clearing no.: 00235

Bank address: UBS AG
Bahnhofstrasse 45
CH-8098 Zürich

Our address: Galexis AG
Industriestrasse 2
CH-4704 Niederbipp

VAT number: 120 741

Payment terms: 30 days net

Currency: CHF

ITEMS TO BE DISCUSSED WITH BUYER

- _ Decision on recording of stock
- _ Marketing activities
- _ Terms an conditions of purchase
- _ Supplier's declaration of conformity
- _ other points

APPENDICES

- _ Extract from Registry of Commerce
- _ Invoice template
- _ FOPH / Swissmedic authorisations

SIGNATURE

Person responsible for the information being correct:

Name: _____
Department: _____
Role: _____
Telephone no.: _____
Fax no.: _____
Email address: _____

Place, date:

Signature:

PLEASE RETURN THE COMPLETED FORM TO:

Galexis AG
Industriestrasse 2 • Postfach
CH – 4704 Niederbipp

Telephone +41 58 851 71 11
Telefax +41 58 851 71 14

einkauf@galexis.com • www.galexis.com

To be completed internally by Galexis

LIEFERANTENAUFNAHMEENTSCHEID

Anamnesedaten vollständig abgegeben:

-
-
- Ja
-
-
- Nein

Aufnahme in den Galexis Lieferantenstamm:

-
-
- Ja
-
-
- Nein

ZUSATZINFORMATIONEN

Interner Lieferantename:

Dispocode:

Lieferantennummer:

(wird durch IBS-Spezialisten ausgefüllt)

Erstellungsart der Bonus/Rabattabrechnung:

-
-
- (1) Papier (CHF 200.-)
-
-
- (4) PDF
-
-
- (5) Text-Datei
-
-
- (6) PDF + Text-Datei

Logistikkostenabrechnung (LL3):

-
-
- (1) Papier (CHF 200.-)
-
-
- (5) Text-Datei

Besorgerbestellungen:

-
-
- Ja
-
-
- Nein

UNTERSCHRIFTEN

Ort, Datum

Unterschrift Einkäufer

Ort, Datum

Unterschrift IBS-Spezialist