

New-Client Form

Please fill out this form and send to us with your company letterhead (logo, address, telephone and fax, etc.) and a copy of company registration (trade Certificate), signed and sealed by the authorised organisation.

To fax 0049 (0) 89 / 340 777-77
or e-mail to info@aktivplus.org
or mail to:
aktivplus Ltd. NDL Deutschland
Franz-Joseph-Str. 28
D-80801 München

Please consider that we need the complete package to provide you with a Client-ID-Number.

Questions? Please call:
or mail:

Tel.: 0049 (0) 89 / 340 777-0
e-Mail: info@aktivplus.org

Payment conditions: Cash on order (Europe-Transfer) Or cash on delivery (against standard C.O.D. charge)
Bank: Deutsche Bank München, Account-Nu. 177710100, BLZ (Bank code) 70070010
BIC-Code: DEUTDEMMXXX, IBAN: DE71700700100177710100
Tax-Nr: VAT-ID-Nr: DE814095864

Company name: _____
Contact person: _____
Executive director: _____
City, Street, House: _____
ZIP, Country: _____
E-Mail: _____
Tel.: _____
Fax: _____
Mobile-Nu.: _____
Address for delivery _____ <i>(when different from the company address)</i>

Questions about your company

1. Type of business:

- Drugstore Health food Shop Other shop
- Sub-distributor / Whole Sale Online Shop
- Other _____ (please explain)

How many employees do you have: _____

2. Which products do you carry / which services do you offer ?

- Medicine Nutrition food supplements
 Health food ready Soya products
 Nutrition advisory service Home appliances
 Other _____ (please explain)

3. Who are your main suppliers?

4. Which distribution channels do you use?

- Shop Direct sales
 Online Shop
 Other _____ (please explain)

5. How can we classify you according to sales volume?

Total annual sales: _____

Current sales volume with Soya-milk-makers: _____

Planned purchase volume from **aktivplus**: _____

Name, Signature

Place, Date