

Motorflug Baden-Baden GmbH

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info@motorflug.com • www.motorflug.com

Your Motorflug Point of Contact:

Name

Email

Motorflug Reference:

I. GENERAL CUSTOMER INFORMATION:

COMPANY NAME:

LEGAL

STRUCTURE:

Private Customer

Registered Company

ADDRESS:

Street

City, ZIP code

Country

Phone

Email

Fax

Company registration number

BILLING

ADDRESS:

Street

City, ZIP code

Country

SHIPPING

ADDRESS:

Street

City, ZIP code

Country

Phone

Point of Contact

II. SHIPPING INSTRUCTIONS:

Our standard shipping method is EX WORKS our facility (Incoterms 2010) on your freight account.

Please advise your preferred forwarders:

FORWARDER: _____ Freight Account No.: _____ Method: _____

FORWARDER: _____ Freight Account No.: _____ Method: _____

SPECIAL SHIPPING INSTRUCTIONS:

For example heavy shipments, or consolidated shipments

III. SPECIFIC CUSTOMER INFORMATION:

EUROPEAN COMMUNITY MEMBER: YES NO

IF YES, please advise your European VAT Reg. No.: _____

Do you want to use your European VAT Reg. No. for tax-free business with Motorflug?

YES, please issue your offers and invoices without German tax (19%). We will pay local VAT in our country upon receipt of your goods / services.

NO, please issue your offers and invoices including German tax (19%).

FOREIGN COUNTRY MEMBER (OUTSIDE THE EUROPEAN COMMUNITY): YES NO

Please advise your Federal Tax Ident. No.: _____

► **Please add a copy of your proof of company registration.**

IF you are a registered company, do you want to apply for tax-free business with Motorflug?

YES, please issue your offers and invoices without German tax (19%). We will clear customs and pay local VAT in our country when importing your goods / services.

NO, please issue your offers and invoices including German tax (19%).

IV. POINTS OF CONTACT:

PURCHASING:

Name of Responsible_____
Email_____
Direct Phone No._____
Fax No.

SERVICE

MANAGER:

Name of Responsible_____
Email_____
Direct Phone No._____
Fax No.

ACCOUNTING:

Name of Responsible_____
Email_____
Direct Phone No._____
Fax No.

Where did you learn about Motorflug?: _____

QUESTIONNAIRE

COMPLETED BY:

Name_____
Date, Signature

PLEASE RETURN THIS QUESTIONNAIRE TO MOTORFLUG
FAX No.: +49 7229 3014 25 ● EMAIL: INFO@MOTORFLUG.COM