

Please fill in the fields, print the file and fax it back.



Fax to: +49 (0) 23 07 - 96 10 199

## Questionnaire for new customers

\* mandatory fields

Title: \*

First name: \*

Last name: \*

Company: \*

Form of organization: \*

Street address: \*

ZIP Code/City: \*

Telephone: \*

Mobile phone:

Fax:

E-mail: \*

Position: \*

### Accounting information

Contact:

Telephone: \*

Fax:

E-mail: \*

Position: \*

### Business / Industry:

Service provider

Assembler

ICT systems supplier/system integrator

Software developer

Broker

Retail/specialized trade

Specialist dealer for office equipment and supplies

Mail order company/e-shop operator

TV/radio retailer

Reseller

Would you like to receive regular information updates and our newsletter by mail or fax? \*

No

Yes, by e-mail

by fax

Your e-mail address:

Your fax number:

### Important!

I have read and understood the General Terms & Conditions of NetCat SYSTEMS and accept them with my signature.

Place | Date

Signature

Please check all given information for integrity, sign the form, and fax it back to the number stated above.