

ABOUT YOU

In order to proceed with **the opening of your account**, we thank you for filling in this document which will allow us to know you better and to install interactivity between our 2 companies. The Spengler Holtex Group collects and uses personal data to manage administrative and commercial relations and to better serve its customers. The information you provide will not be passed on to third parties under any circumstances.

We thank you in advance for sending us back **this questionnaire filled in by e-mail, accompanied by a bank details and a company registration.**

**Company name /
Corporate name**

Address

City

**Postal
code**

Country

Website

Phone

E-mail

**Company registration
number**

APE code

**Inter-community
number**

Billing address

Delivery address

You are (only one possible answer):

Mostly Internet sales

- ☐ Medical Equipment Internet Sales
- ☐ Internet sales Pharmacy and Parapharmacy
- ☐ Non-medical Internet sales

Platforms

- ☐ Medical Equipment Platform
- ☐ Pharmacy and Parapharmacy Dispatcher
- ☐ Veterinary Platform
- ☐ Telemedecine Platform

Stores with place of sale

- ☐ Medical Equipment Store
- ☐ MES for Communities
- ☐ Pharmacy-Parapharmacy
- ☐ Hearing Aid Store
- ☐ Other stores

Purchase Groups

- ☐ Medical Equipment
- ☐ Hospital or Clinic
- ☐ Veterinary Group
- ☐ Audio prosthetist
- ☐ Pharmacy and Parapharmacy
- ☐ Others Purchase Groups

Establishments – Administrations – Companies

- ☐ Hospital-Clinic
- ☐ EHPAD-Retirement home
- ☐ Laboratory Analysis
- ☐ Other health establishments
- ☐ Emergency transport
- ☐ Schools, Training centers, Universities
- ☐ Other communities, Associations
- ☐ Public administration (except health)
- ☐ Private companies (except health)

F44 V15 31.03.2022

Contact persons

Management:	
<input type="checkbox"/> Ms <input type="checkbox"/> Mr	
Phone:	E-mail:
Purchase:	
<input type="checkbox"/> Ms <input type="checkbox"/> Mr	
Phone:	E-mail:
Commercial:	
<input type="checkbox"/> Ms <input type="checkbox"/> Mr	
Phone:	E-mail:
Accounting:	
<input type="checkbox"/> Ms <input type="checkbox"/> Mr	
Phone:	E-mail:
Logistics:	
<input type="checkbox"/> Ms <input type="checkbox"/> Mr	
Phone:	E-mail:
After sales service:	
<input type="checkbox"/> Ms <input type="checkbox"/> Mr	
Phone:	E-mail:

Are you part of a group?

☐ Yes

☐ No

If yes, name of your group: _____

Do you have a sales area?

☐ Yes

☐ No

If yes, what is your surface area? _____

Do you have an e-commerce site?

☐ Yes

☐ No

If yes, address of the site(s): _____

☐ **I acknowledge that I have read and accept the general conditions of sale (below).**