



Exclusive Pre-Order Form
Exklusives Vorbestellungsformular

Internal organisational criteria (to be filled in by V-Customer Service Department)

Editor-No. | | | | | | | | | | Customer-No. | | | | | | | | | | Sectors-No. | | | | | | | | | |

Details on personal legal status (only for joint partnerships with one personally liable partner)

Ms Mr

First name of the partner _____ Last name of the partner _____

Date of birth of the partner _____ Nationality of the partner _____

Home address _____ House number _____

Postcode _____ Town _____ Country _____

Details pertaining to commercial law* (for all legal forms with and without an obligation to register)

First and last name or company name including legal form* _____

Postal address* _____ House number* _____

Postcode* _____ Town* _____ Country* _____

E-mail* _____

Retail Foodservice industry Hotel business Catering Wholesale Distribution

Number of employees (incl. proprietor) _____ estimated monthly revenue _____ founding year _____

Please complete following phone numbers with international dialling code, area code and call number:

Purchasing Department Phone* _____ Fax* _____

Bookkeeping Phone _____ Fax _____

General Management Phone _____ Fax _____

Details pertaining to legal registration (only for joint partnerships and limited companies with an obligation to register)

Commercial register _____ Registration court _____

Place of business _____

Details pertaining to tax law** (for all legal forms with and without an obligation to register)

VAT-ID-No. _____ or TAX-ID-No.* _____

Electronic invoice by e-mail (without additional charge) Hardcopy invoice by post (additional charge as per rate card)

Binding pre-order* (minimum order 24 bottles or 4 boxes of 6 bottles per Edition)

DINAR® Date Sparkling 750ml _____ bottles* _____ cardboard box(es) _____ pallet(s)

DINAR® Pomegranate Sparkling 750ml _____ bottles* _____ cardboard box(es) _____ pallet(s)

Price per bottle 1/1 Imperial: DINAR® Date Sparkling 750ml _____ EUR; DINAR® Pomegranate Sparkling 750ml _____ EUR
Deliverability of the bottles: from 48 CW 14; within 1-5 workdays; varying shipping costs via UPS® (shipping costs on request)

Conclusion of contract* (precondition for the application)

We wish to conclude a contract with Vigorous Trading GmbH, Schäftlarnstrasse 10, 81371 Munich / Bavaria / Germany. We are aware that the contract shall only become effective if Vigorous Trading GmbH approves the application. We confirm that we wish to conclude the contract in exercise of our commercial or independent professional activity. We acknowledge and accept the attached General Conditions of Delivery and Sale of Vigorous Trading GmbH. We confirm the accuracy of the details submitted.

Place* _____ Date* _____ Signature* _____
Legally binding signature of the applicant

Application approved (to be filled in by V-Customer Service Department)

Place* _____ Date* _____ V-Customer Service* _____

Organisational bookkeeping criteria for the field staff*

Method of payment upon delivery* simple cash payment practical direct debit

Hours of operation and opening times* _____

Seasonal hours of operation and opening times _____

Opening times of incoming goods department _____

Days off Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Delivery address (if different from business address)

First name and surname or company name including legal form _____

Postal address _____ House number _____

Postcode _____ Town _____ Country _____

E-mail _____ Phone _____ Fax _____

Declaration of consent regarding data protection* (precondition for the application)

I hereby consent to the processing, in particular the storage and use, of my inventory data as well as any data collected in the course of individual business transactions for the purpose of maintaining the business relationships and consultation.

I hereby give my consent for Vigorous Trading GmbH and its V-Departments to use my e-mail address, including for purposes of advertising and market research. This consent may be revoked at any time without stating a reason by sending a written statement to this effect to the V-Customer Service Department.

Place* _____ Date* _____ Signature* _____
Legally binding signature of the applicant