

Motorflug Baden-Baden GmbH  
Summersite Ave. C 312 • 77836 Rheinmuenster • Germany  
Phone: +49 7229 3014-0 • Fax +49 7229 3014 25  
Email: info@motorflug.com • www.motorflug.com



Your Motorflug Point of Contact: \_\_\_\_\_

Motorflug Reference: \_\_\_\_\_

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## Customer Questionnaire

### 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 2000) on your freight account.  
Please advise your preferred forwarders:

FORWARDER: \_\_\_\_\_ Freight Account No.: \_\_\_\_\_ Method: \_\_\_\_\_

FORWARDER: \_\_\_\_\_ Freight Account No.: \_\_\_\_\_ Method: \_\_\_\_\_

SPECIAL SHIPPING INSTRUCTIONS:  
f.i. for heavy shipments, or consolidated shipments

\_\_\_\_\_  
\_\_\_\_\_

# Customer Questionnaire

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## 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 fax 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.

PLEASE RETURN THIS QUESTIONNAIRE TILL \_\_\_\_\_

**To: Motorflug Baden-Baden GmbH**

FAX No.: +49 7229 3014 25