



**CONDITIONS OF RETURN**

Would you accept returns from customers via the wholesaler?  Yes ( -> please fill in the conditions of return form)  
 No

Return address::

(if different from correspondence address)

**INFORMATION ON MERCHANDISING DELIVERY INVOICES**

Your bank details:

IBAN:

SWIFT / BIC:

Account no.:

Bank clearing no.:

Bank address:

Name:

Street/building no.:

Postcode/town or city:

Country:

Billing address:

(if different from correspondence address)

VAT number:

Payment terms::

First-time orders: 180 days from invoice date

10 days, \_\_\_\_\_ % discount

20 days, \_\_\_\_\_ % discount

30 days, \_\_\_\_\_ % discount

Currency:

CHF

Syntrade / Markant:

Yes

No

E-mail address for bonus discount, reduction:

E-mail address for logistical costs discount:

**INFORMATION ON INVOICES FOR MARKETING ACTIVITIES / SERVICES PROVIDED**

Our bank details:

IBAN:

CH 53 00235 23543750220K

SWIFT / BIC:

UBSWCHZH80A

Account no.:

43750220K

Bank clearing no.:

00235

Bank address:

UBS AG

Bahnhofstrasse 45

CH-8098 Zürich

Our address:

Galexis AG

Industriestrasse 2

CH-4704 Niederbipp

VAT number:

120 741

Payment terms:

30 days net

Galexis services (i.e. sales promotion activities, etc.) are payable against anticipated payment in the first 180 days

Currency:

CHF

**ITEMS TO BE DISCUSSED WITH BUYER**

- \_ Decision on recording of stock
- \_ Marketing activities
- \_ Terms an conditions of purchase
- \_ Supplier's declaration of conformity
- \_ other points

**APPENDICES**

- \_ Extract from Registry of Commerce
- \_ Invoice template
- \_ FOPH / Swissmedic authorisations

**SIGNATURE**

Person responsible for the information being correct:

Name: \_\_\_\_\_  
Department: \_\_\_\_\_  
Role: \_\_\_\_\_  
Telephone no.: \_\_\_\_\_  
Fax no.: \_\_\_\_\_  
Email address: \_\_\_\_\_

Place, date:

Signature:

**PLEASE RETURN THE COMPLETED FORM TO:**

**Galexis AG**  
Industriestrasse 2 • Postfach  
CH – 4704 Niederbipp

Telephone +41 58 851 71 11  
Telefax +41 58 851 71 14

[einkauf@galexis.com](mailto:einkauf@galexis.com) • [www.galexis.com](http://www.galexis.com)

**To be completed internally by Galexis****LIEFERANTENAUFNAHMEENTSCHEID**

Anamnesedaten vollständig abgegeben:

- 
- Ja
- 
- 
- Nein

Aufnahme in den Galexis Lieferantenstamm:

- 
- Ja
- 
- 
- Nein

**ZUSATZINFORMATIONEN**

Interner Lieferantename:

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Dispocode:

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Lieferantennummer:

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(wird durch IBS-Spezialisten ausgefüllt)

Erstellungsart der Bonus/Rabattabrechnung:

- 
- (1) Papier (CHF 200.-)
- 
- 
- (4) PDF
- 
- 
- (2) Text-Datei
- 
- 
- (6) PDF + Text-Datei

Logistikkostenabrechnung (LL3):

- 
- (1) Papier (CHF 200.-)
- 
- 
- (5) Text-Datei

Besorgerbestellungen:

- 
- Ja
- 
- 
- Nein

**UNTERSCHRIFTEN**

Ort, Datum

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Unterschrift Einkäufer

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Ort, Datum

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Unterschrift IBS-Spezialist

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Recipients (copy):

\_Exchequer (creditors)

\_Person in charge of the services in question

\_Person responsible for the purchases in question