

### Application Form - New Partner

You can save the PDF file, fill up the fields below and send it to [distribucion@nidec.es](mailto:distribucion@nidec.es)  
or you can print it, fill it out and send it by fax to: (+34) 93 301 36 63

**1**

#### Business Identification

Company Name:

-----  
CIF/NIF:

-----  
Business Name:

-----  
Armory category sector?

Yes       No

\* If you have a armory license you must sent it by email, with this form.

**2**

#### Business Contact

Address:

-----  
Town:

-----  
State:

-----  
C.P.:

-----  
Phone number 1 / Phone number 2 / Fax number:

-----  
E-mail:

-----  
Web:

**3**

#### Person Contact

Full Name:

-----  
Charge:

-----  
E-mail:



**4**

**Business Details**

Date established:

-----  
Worth:

-----  
Number of Employees:

-----  
Bank / Account Number:

-----  
References: to which other companies do you distribute?

-----

**5**

**Shipment**

How do you prefer your shipments to be sent?

- DHL     TNT     FEDEX     MRW  
 Own carrier /Other. Please specify:

-----  
In case of Own carrier, please specify your number:

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Would you like shipping insurance?

- Yes     No

**6**

**¿How did you meet Nidec?**

- Publicity / magazines     Internet  
 By a friend     Fairs / Events  
 Other:

**7**

**Payment method**

- Payment in advance (bank transfer)

- Bank draft after 30 days

\* Bank Draft option not currently available for customers outside of Spain.

