

Application Form

Fields with (*) are required

Company Name:*
Street:*
Postal Code:*
City:*
Country:*
General E-Mail:*
Website:*
Company Registration Number:*
VAT Number (if applicable):
Year of Establishment:*
Annual Turn Over (in USD): SISTICS NETWORK
Number of Employees:*
Branch offices (same country only):

Key Contacts:

Salutation:*	Salutation:
Name:*	Name:
Designation:*	Designation:
E-Mail:*	E-Mail:
T (office):*	T (office):
T (mobile):	T (mobile):

With your permission, your data will be collected, processed, and used for the following purposes:

Sending newsletter, sending mails, creating online account (Motion member area),
Making phone calls, Writing invoices

The collection, processing, and use of your data take place on a voluntary basis.

Furthermore, you can revoke your consent at any time without any adverse consequences.

Please send any notice of cancellation to:

Motion Logistics Network

Daniel Jakob

M: daniel.jakob@motion-logisticsnetwork.com

In the event of cancellation, your data will be deleted upon receipt of your notice.

LOGISTICS NETWORK

Yes, I read and accept the data privacy policy of Motion Logistics Network GmbH.

Yes, I accept the terms and conditions of Motion Logistics Network GmbH.

I accept that my data will be used for the purpose mentioned above (Newsletter etc.)

Date: Signature & Stamp: