

# Application

flustix Sub-License



Applicant /  
Company

Contact Person

Street

Telephone

PO BOX

Personal E-Mail

Postal Code / City

Country

VAT ID

## WE HEREBY APPLY FOR SUB-LICENSES FOR THE FOLLOWING FLUSTIX-CERTIFIED PRODUCTS:

Existing License Number:	Product:	Product Trade Name under Sub-License* (pls. see below)	Sub-License EAN or GTIN or UPC:

**\*This name** will be entered exactly as provided on the certificate and in the flustix database! Please double-check the spelling carefully.

## GENERAL INFORMATION ON CERTIFICATE ISSUANCE

**Certificate & Seal languages:** Either English or German is mandatory! Every additional language is optional.

English

German

French

Spanish

Other:

Certificate Printing and Issuance:

as digital version

as paper version

### Issuance of a flustix Attestation (only for Less Plastics or Microplastic-free):

...regarding the polymer/ microplastic content as detected in the laboratory, for the purpose of substantiating claim:

YES

NO

If YES, choose language of flustix Attestation (You may select one or both):

English

German

### Legal Disclaimer | Legal Notice Regarding the Application Form and Process

We hereby confirm that all the information provided in the application and the accompanying LETTER OF AGREEMENT FOR SUB-LICENSE is correct and ensure that the products requested for sub-licencing are identical to the products listed under the existing licence (except printing). This application form (Step 1) is used solely to create a customised offer. A binding order is only placed when you accept and sign the customised offer created in Step 2, which is based on the information in this application and the LETTER OF AGREEMENT FOR SUB-LICENSE. Only when you sign the official offer (Step 2) does the application become effective and the order process is completed, and the selected certification is initiated in accordance with the offer.

Signature of applicant

Place, Date