

# Registration Form

Registration is crucial to our overall common success. In order to provide you the best support we need the following information.

After completing the form, please send it to: [partneropp@tis.biz](mailto:partneropp@tis.biz)

## Mandatory Data

Customer Details	
Customer Name	
Street, Number	
Zip Code	
City	
Country	
Website	
Parent Company (if applicable)	
Industry (Retail, Automotive, Healthcare, Public...)	
Contact Details	
Name (First Name, Last Name)	
Titel (CFO, Head of Treasury, Head of Finance...)	
eMail	
Phone	
Mobile	
Project Description	
What is the problem we can fix?	
Why TIS?	

It is important to identify the right opportunity with the right customer. This will help to focus on the real opportunities and will increase the probability to generate deals, fast and efficient.

Due to our long-term experiences, we have worked out a couple of questions we think will help to identify interesting prospects and appropriate opportunities.

## Questionnaires

### **1. Qualification**

- Have you experienced invoice fraud?
- How many suppliers do you have?
- Is your supplier network stable or changing?
- How many subsidiaries do you have?
- How many ERP systems do you have?
- How do you ensure that your payment master data is both up-to-date and correct?
- Do you pay invoices centrally or de-centrally?
- How many bank accounts are maintained?
- How many invoices are paid per day, per week, or per month?

### **2. Customer Situation Description**

- Describe your client current situation
- What is the problem/ pain point here?
- Do we have a clear understanding of the future state / situation?
- What is the challenge/ pain to get there?
- Please describe the GAP between current pain and future state
- Why do you expect that the customer will do anything?
- Why now?
- Why with DB/ TIS?