

1 General Data

Company name: _____
Street: _____
City / Zip Code: _____
Country: _____
Managing Director: _____
VAT ID (EU only): _____
EORI No. (EU only): _____

2 General contact person

Contact person: _____
Phone: _____
Fax: _____
Mobile Phone: _____
E-Mail: _____

3 Insurance

We have covered insurance ourselves
yes no
We are prohibited from obtaining
insurance - „Verbotskunde“
yes no
We ask for an insurance quote for each
individual transport order
yes no

4 Bank account

Bank name/ address: _____

IBAN/ BIC: _____
SWIFT: _____
Bank account no.: _____
Currency: _____

5 Accounting department

Contact person: _____
Phone: _____
Fax: _____
Mobile Phone: _____
E-Mail: _____

6

Place, Date

Stamp, Signature Debitor/ Creditor

Data filled in by CGATE Logistics Belgium BV

Customer number: G _____
Debitor No.: D _____
Creditor No.: K _____
Date: _____
Created by: _____

Credit Limit: _____
Deb.Payment term: _____
Cred.Payment term: _____
 VAT-ID checked
Released by _____

AIR FREIGHT

SEA FREIGHT

LAND TRANSPORT