

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 - „Verbotkunde“

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 Poland Sp. Z o.o.

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