

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 UK Limited

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