

SAFETY & TRAINING

Customer production form Collé Sittard Safety & Training B.V.

Date

Name account manager _____

COMPANY INFORMATION & CONTACT PERSON

Company name	<input type="text"/>	Zip code	<input type="text"/>	Town	<input type="text"/>
Postal address	<input type="text"/>	Zip code	<input type="text"/>	Town	<input type="text"/>
Visit address	<input type="text"/>				
Telephone number	<input type="text"/>				
E-mail address	<input type="text"/>	Chamber of Commerce	<small>To be completed by administration Collé Rental & Sales:</small>		
E-mail (accounts payable)	<input type="text"/>	<input type="text"/>	Deb. No.	<input type="text"/>	
Website	<input type="text"/>	VAT No.	<input type="text"/>	Search code	<input type="text"/>

CONTACTPERSON

Name	<input type="text"/>	Telephone number	<input type="text"/>
Surname	<input type="text"/>	Mobile number	<input type="text"/>
E-mail address	<input type="text"/>	Fax number	<input type="text"/>

PAYMENT INFORMATION

Deposit	<input type="checkbox"/> Yes <input type="checkbox"/> No	IBAN	<input type="text"/>	BIC	<input type="text"/>
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SIGNATURE

By signing you agree to our General Delivery Terms and Conditions Collé, which you have received.

OTHER INFO

Purchase order regarding hiring machinery Yes No

PAYMENT CONDITIONS

Upfront payment

SENDING ATTACHMENTS

Add the following documents to this form:

- Current Chamber of Commerce extract
- Copy valid ID

CLIENT

Name	<input type="text"/>
Function	<input type="text"/>
Date	<input type="text"/>
Signature	<input type="text"/>

ACCOUNT MANAGER COLLÉ RENTAL & SALES

Name	<input type="text"/>
Function	<input type="text"/>
Date	<input type="text"/>
Signature	<input type="text"/>