

Customer production form Collé Sittard Machinehandel B.V.

Date _____

Name account manager _____

COMPANY INFORMATION & CONTACT PERSON

Company name	<input type="text"/>	Private	<input type="checkbox"/> Yes <input type="checkbox"/> No
Postal address	<input type="text"/>	Zip code	<input type="text"/> Town <input type="text"/>
Visit address	<input type="text"/>	Zip code	<input type="text"/> Town <input type="text"/>
Telephone number	<input type="text"/>	Country	<input type="text"/>
E-mail address	<input type="text"/>	Currency	<input type="text" value="EURO"/>
E-mail (invoice)	<input type="text"/>	Chamber of Commerce	<input type="text"/>
Website	<input type="text"/>	VAT No.	<input type="text"/>

CONTACT DETAILS ACCOUNTS PAYABLE DEPARTMENT

Name	<input type="text"/>	Telephone number	<input type="text"/>
Surname	<input type="text"/>	Mobile number	<input type="text"/>
E-mail address	<input type="text"/>	E-mail address 2	<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 buying machinery Yes No

PAYMENT CONDITIONS

Yes, 14 days from invoice date No, other

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"/>