

Customer production form Collé Sittard Projekt B.V.

Date _____

Name account manager _____

COMPANY INFORMATION & CONTACT PERSON

Company name

Postal address

Visit address

Telephone number

E-mail address

E-mail (invoice)

Website

Zip code Town

Zip code Town

Chamber of Commerce To be completed by administration
Collé Rental & Sales:

VAT No. Deb. No.

Search code

CONTACT DETAILS ACCOUNTS PAYABLE DEPARTMENT

Name

Surname

E-mail address

Telephone number

Mobile number

E-mail address 2

PAYMENT INFORMATION

Deposit Yes No IBAN BIC

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

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

COLLISION DAMAGE WAIVER (CDW)

Yes No, other

CLIENT

Name

Function

Date

Signature

ACCOUNT MANAGER COLLÉ RENTAL & SALES

Name

Function

Date

Signature