

Customer creation form Collé Sittard Verhuur 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	
Zip code	

Town	
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
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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

☐ Yes, 14 days from invoice date ☐ No, other

COLLISION DAMAGE WAIVER (CDW)

☐ Yes ☐ No, other

SENDING ATTACHMENTS

Add the following documents to this form:

☐ Current Chamber of Commerce extract

CLIENT

Name	
Function	
Date	
Signature	

ACCOUNT MANAGER COLLÉ RENTAL & SALES

Name	
Function	
Date	
Signature	