Collé RENTAL & SALES

Your partner for every project

www.colle.eu

Customer production form Collé Sittard Projekt B.V.

Date

Name account manager _____ _____

COMPANY INFORMATION & CONTACT PERSON

Company name					
Postal address		Zip code		Town	
Visit address		Zip code		Town	
Telephone number					
E-mail address		Chamber of Commerce		*To be completed by administration Collé Rental & Sales:*	
E-mail (invoice)				Deb. No.	
Website		VAT No.		Search code	

CONTACTDETAILS ACCOUNTS PAYABLE DEPARTMENT

Name		Telephone number	
Surname		Mobile number	
E-mail address		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

COLLISION DAMAGE WAIVER (CDW)

□ Yes □ No, other

SENDING ATTACHMENTS

Add the following documents to this form:

□ Current Chamber of Commerce extract

□ Copy valid ID

CLIENT

Name	
Function	
Date	
Signature	

ACCOUNT MANAGER COLLÉ RENTAL & SALES

Name	
Function	
Date	
Signature	

Please send this form to **backoffice@colle.eu**