Collé RENTAL & SALES ACADEMY

Your partner for every project

www.colle.eu

Customer production form Collé Academy 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 (accounts payable)				Deb. No.	
Website		VAT No.		Search code	

CONTACTPERSON

Name		Telephone number	
Surname		Mobile number	
E-mail address		Fax number	

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

☑ Upfront payment

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**