

YOUR COMPANY DETAILS (to be completed by the customer)**RETURN TO:**

Kombiverkehr GmbH & Co KG
Finance & Accounting

By e-mail to: **neukunde@kombiverkehr.de**

WE ARE THE FREIGHT PAYER

Date

Name of firm, including legal form

First name and surname of the owner or of the partner(s)

Manager of / contact person for finance & accounting

Street and house number

Postcode

Town

Country

Phone (switchboard)

Fax (switchboard)

e-mail (switchboard)

UIRR customer number (if known)

Tax reference number (please use this ID number for all services to us)

VAT ID number

BANK DETAILS

Bank

IBAN

SWIFT / BIC

Account number

Sort code (BLZ)

COMPANY HEAD OFFICE

(if different from the address given above)

Street and house number

Postcode

Town

Country

HAZARDOUS GOODS TRANSPORT

Please designate a contact from your company for any questions regarding your hazardous goods transport

Name of firm, including legal form

HAZARDOUS GOODS OFFICER

Surname

Name

Phone

e-mail

ACCOUNT ACCOMPANYING DOCUMENTS / PDF-COPIES

(e.g. invoice@yourcompany.net)

e-mail

YOUR CONTACT FOR OUR TRANSPORT MONITORING

Surname

Name

Phone

e-mail

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