

YOUR COMPANY DETAILS

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

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

Surname

Name

Phone

e-mail

Mobile

YOUR CONTACT FOR OUR TRANSPORT MONITORING

Surname

Name

Phone

e-mail

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ACCOUNT ACCOMPANYING DOCUMENTS / PDF-COPIES

(e.g. invoice@yourcompany.net)

e-mail

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