



## Customer Information Form

<b>Company name:</b>	
<b>Address:</b>	
<b>Zip Code / City:</b>	
<b>Country:</b>	
<b>Postal address:</b>	
<b>Zip Code / City Postal address:</b>	
<b>Contact person customs affairs:</b>	
<b>VAT registration number (EU):</b>	
<b>EORI number:</b>	
<b>Chamber of Commerce registration number:</b>	
<b>Main phone number:</b>	
<b>Email address e-invoicing:</b>	
<b>Phone number accounts payable:</b>	
<b>Email address accounts payable:</b>	
<b>Contact person accounts payable:</b>	

I declare having received and accepted the enclosed Dutch Forwarding Conditions, which applies to all activities.

Place

Name of signer

Date

Signature



The Dutch Forwarding Conditions, latest version, including the arbitration clause, filed by FENEX with the court registry (registries) at the District Court(s) in Amsterdam (Rotterdam, Breda and Arnhem), are applicable to all our activities. These conditions will be supplied upon request.



**IBAN** NL77 ABNA 0548 8659 14  
**BIC** ABNANL2A  
**VAT** NL 8056 89 710 B01  
**EORI** NL 8056 89 710  
**KVK** 13038887

<b>Internal</b> Debtor name:	_____
Debtor number:	_____
Archie	<input type="checkbox"/>