



DATA BASE FORM

COMPANY DETAILS			
Company Name:			
Branch:			
Street:			
Zip Code:			
City:			
State:			
Country:			
Phone Number:			
General E-Mail:			
Person In Charge Accounting:			
Phone Number Accounting:			
VAT ID:			
Preferred Method To Receive Invoice:	Post	E-Mail	Portal
Mail Address For Invoice Sending:			
Homepage:			
AEO:	Yes	No	
-Identification Number:			
Regulated Agent Or Known Consignor:	Yes	No	
-Identification Number:			
EORI Number:			
Different Invoicing Address (If Yes, Please Fill In Below):	Yes	No	

INVOICE ADDRESS	
Company Name:	
Street:	
Zip Code:	
City:	
Country:	

COMMENTS

If there are any changes in above mentioned data, please inform us.		
Date:	Name:	Title: