

CUSTOMER ACCEPTANCE FORM

NAME AND ADDRESS DETAILS		To be d	completed by the principal
Company Name			
Address			
Zipcode and place			
Country			
Contact person			
Telephone number			
Email address (responsible for Customs)			
Email address (for billing purposes)			
Company reg. number (KVK, KBIS,)			
VAT-number			
AEO-number (if available)			
Bank Account Number (IBAN/BIC)			
GENERAL		To be d	completed by the principal
How did you get in touch with Customs Support	ort?		
Type of company (logistic service provider, im	n/exporter, produc	er,)	
Requested services: import/export/transit/othe	er		
Description or the type of goods (HS-codes)			
Expected volumes: estimated amount per we	ek/month or one-t	ime	
Commercial value			
Country of origin			
MINIMUM REQUIREMENTS FOR EA	ACH ORDER	To be	e provided by the principal
Order form (model form from Customs Suppo	rt)		
Air Freight, Sea Freight or Road Traffic			
Copy of previous customs number (Master B/	L, arrival notice)		
Copy of commercial invoice			
Copy packing list (if available)			
Copy of preferential documents*			
Further relevant documents regarding shipme	ent		
Statement Limited Fiscal Representation (mode	l form CS, if applic	able)	
* Original preferential documents must be sent to C			
TO BE ONE-TIME PROVIDED WITH	IMPORT AND	EXPORT	
Agreement Direct Representation			
Copy of companies registration, showing authorization	from signatory		
Copy ID of person authorized according to co			
IN CASE OF IMPORT WITH LIMITED	D FISCAL REF	RESENTATION	
Agreement Fiscal Representation			
POD / CMR must be provided within two wee	ks		
CHECKLIST SALES DEPARTMENT	To be comp	leted by Sales Depart	ment Customs Support
Quotation and general terms and conditions is	ssued		
Agreed credit limit			
Term of payment			
Amount of advance payment			
Quotation forwarded to relevant location(s)			
Other agreed arrangements / details			
RISKS	To be completed	by Customs Support C	Compliance department
Is there a risk?			
If ves. measures to be taken			