

REGISTRATION FORM

Please complete the form and mark the appropriate fields.
Correct details will allow us to set up your account in our system. Please return the completed, signed form to: **contact@jitlogistik.com** Thank you!

Full company name:

Complete address:

.....

.....

TAX ID:

VAT registered: YES/NO

Address for correspondence: (if other than the head office address)

.....

.....

Company address to issue an invoice: (if other than the address for correspondence)

.....

.....

Notes to invoices:

Currency:

Method of receiving an invoice: (please mark with a circle)

E-invoice, email address for sending invoices:

Invoice (paper)

Company address to send an invoice (if other than the address for correspondence)

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Additional documents required:

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Payment date:

Frequency of invoicing: after each order, collectiv (how often)

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Bank account number from which payments will be made (optional):

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Contact data of the billing/accounting department:

Invoices:

Payments:

Contact data of the logistics/operations department:

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I confirm the accuracy of the data:

Name and surname:

Signature:

Date:

Company stamp: