

Customer Account Application Form

Credit Application

Company Name (including Registration form)				
Legal / Invoicing	Registered Address			
	Zipcode		City	
	Tel		Fax	
	Registration N°.		Tax ID	
	VAT N°.	ctiv	vity Segment	
	Legal Representative		Function	
	E-mail			
	Accountant		Tel	
	E-mail		(for electronic invoice)	
Operations / Service	_			
	Adresse			
	Zipcode		City	
	Tel		Fax	
	Contact Person		Function	
	E-mail			
Bank	Bank Name			
	Bank Code (BLZ)		Account N°	
	SWIFT (BIC)		IBAN	
Signature	FOR GLOBAL LOGISTICS NETWORK SARL			FOR THE CLIENT
	Account N°		I hereby certify the acceptance of the agreement & payment conditions mentioned at the buttom of this application form.	
	Contact		Signatory Name	
			Name	
			Signature	
	Remark		& Stamp	
			,	
ıţ	Payment by Bank Transfer, Credit Card, or Direct Debit within 15 days from Invoice.			
greement	 All invoices are to be paid 15 days from the date of the invoice. Claims arising from invoices must be made within seven working days. 			
řě	3. By submitting this application, you authorize Global Logistics Network Sarl, to make inquiries into the banking and			

3. By submitting this application, you authorize Global Logistics Network Sarl. to make inquiries into the banking and business/trade references that you have supplied.

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