|  |
| --- |
|  |

**Order form CB-pallets**

**CB**Incoming Goods Department support office
Textielweg 3 (poort 51/52) t: +31 (0)345 47 51 34
4104 AM Culemborg (The Netherlands) e: bb-intern@cb.nl

**Information consignee**

Name Consignee ……………………............

City ……………………............

Phone number ……………………............

E-mail ……………………............

Contact person ……………………............

**Information about the shipment**

Desired amount CB-pallets ……………………............

Desired pickup date ……………………............

Name carrier ……………………............

Comments …………………………………………………………………………………….

………………………………………………………………………………………………………………………….................

**Confirm / Reject** *(to be completed by a CB employee)*

|  |
| --- |
| Current balance:………………………………… |

Actual quantity of pallets ……………………............

Final pickup date ……………………............

Accountnumber consignee ……………………............

Name employee CB ……………………............

Comments …………………………………………………………………………………….

………………………………………………………………………………………………………………………….................

*(to be completed by the driver and an CB employee)*

|  |  |
| --- | --- |
| **Driver** | **CB Employee** |
| Name ……………………............ | Name ……………………............ |
| License Plate ……………………............ | Date ……………………............ |
| Signature ……………………............ |   |

 **Business hours:**
Monday to Friday from 07:00 am to 04:00 PM