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**Order form CB-pallets**

**CB** Support office
Textielweg 3 (dock 11) +31 (0)345 47 51 34
4104 AM Culemborg (The Netherlands) bb-intern@cb.nl

**Order Information**

Name ……………………............

City ……………………............

Phone number ……………………............

E-mail ……………………............

Contact person ……………………............

**Information about the shipment**

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

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

Name carrier ……………………............

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

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**Confirmation/remarks** *(to be completed by a CB employee)*

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| --- |
| 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*