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**CB-pallets order form**

**CB pallets Pick up information: Contact support office:**Inkomende Goederen Logistics Services  
Textielweg 3 (poort 11) +31 (0)345 47 51 34   
4104 AM Culemborg emballage@cb.nl

**Information consignee (to be completed by the principal) :**

Name consignee …………………………….

City ……………………............

Phone number ……………………............

E-mail ……………………............

Contact person ……………………............

**Information about the shipment (to be completed by the principal):**

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

Desired pickup/delivery date ……………………............

Name carrier ……………………............

Comments …………………………….

……………………………………………………………………………………………………………………

**Confirm / refused to confirm** (to be completed by a CB employee)**:**

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| --- |
| Current Balance:  ……………………….. |

Real quantity to deliver ……………………............

Real date of pickup/delivery ……………………............

Account number consignee ……………………............

Name employee CB ……………………............

Comments: ……………………………………………………………………………………………………………………

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

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

**Driver: CB employee:**

Name: ……………………............ Name: ……………………............

Registration number: …………………….... Date: ……………………............

Signature: ……………………............ Signature: ………..............................

***Offfice hours incoming goods derpartment:*** *Monday untill Friday from 07:00 a.m. tot 16:00 p.m.*

*(Break Closed: 10:00 - 10:15 a.m.,12:00 - 12:30 p.m., 15:00 - 15:30 p.m.)*