

CARZ

THE control tower

Supplier intake

Legal Company Name: _____

Address: _____

Post Code: _____

City: _____

Country: _____

Main Phone Number: _____

Main E-mail Address: _____

Chamber of Commerce No.: _____

VAT / TAX ID: _____

(IBAN) Bankaccount number: _____

SWIFT/BIC code: _____

Contact information

E-mail Address:	Phone Number:
Accounts: _____	_____
Operations: _____	_____
Claims: _____	_____
Pallets: _____	_____

- We agree to send invoices in PDF format within 14 days after delivery stating the Caroz reference number and attach all applicable documents in separated PDF files.
- We agree to deliver our services according to FENEX or Logistics Services Conditions. Other conditions can only be accepted after written approval from Caroz.

