

Please send the completed form at least 48 hours before the loading date, to: logistics@stercorat.eu.

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| --- | --- |
| **Carrier****(billing information)** | **Name:****Address:****Zip code:****City:****Country:****Reg. No.:****Tax Reg. No.:****VAT Reg. No. (in HUxxxxx European format):****Bank:****IBAN:** **SWIFT code:**                                |
| **Driver** | **Name:****Address:****Zip code:****City:****Country:****Phone No.:** |
| **Vehicle registration no.**  |  |
| **Trailer registration no.**  |  |
| **Loading date / time** |  |
| **Date of Dispatch** |  |
| **Estimated delivery date / time** |  |
| **Loading into the****Flexitank state the** **container number** |  |
| **Permanent entry card** | **YES:** **NO:** |
| **Contact person (responsible for the logistics)** | **Name:****E-mail:****Phone:** |
| **Contact person****Accountancy** | **Name:****E-mail:****Phone:** |