



Client form

To be completed by Beekenkamp

Client number:	Responsibility Center:
Salesperson Code:	Sales manager:
Broker:	

General

Company name:	
Company name 2:	
Adress:	
Adress 2:	
Postcode:	City:
State/Province:	Country:
Chamber of Commerce no.:	VAT no:
Phone no. general:	Website:
Mobile phone:	Language:
E-mail general:	
Bank/IBAN:	SWIFT/BIC:

Contact details

Name:	Name:
Phone no.:	Phone no.:
Mobile phone:	Mobile phone:
E-mail:	E-mail:
Receive:	Receive:
Order confirm:	Order confirm:
Delivery note:	Delivery note:
Invoice/credit:	Invoice/credit:

Name:	Name:
Phone no.:	Phone no.:
Mobile phone:	Mobile phone:
E-mail:	E-mail:
Receive:	Receive:
Order confirm:	Order confirm:
Delivery note:	Delivery note:
Invoice/credit:	Invoice/credit:



Client form

Operations

Delivery conditions:
Transporter/Pick up:
Phyto certificate:
Deposit BKX-tray:

Delivery day:
Airport of destination:
Delivery on CC/DC:

Finance

Expected turnover:
Credit limit:
Payment condition:

Expected turnover <120 days:
Currency:

Alternative shipping adress

Company name:
Company name 2:
Contact person:
Adress:
Adress 2:
Postcode:
State/Province:
Phone no. general:
Transporter:
Custom broker:

City:
Country:

Airport of destination:
PD document:

Remarks