

[Company, Stamp]

Authorization to Represent the Company – Customer Portal

Please return the completed document by mail to smile@natran-deutschland.de.

Shipper Details	(Information marked with an asteriks (*) are compulsory.)
Company name *	
Street *	
Post Code / Town *	
Country *	
User Details	
Mr. / Ms. / -*	
Name, First name(s) *	
Tel	
Fax	
Mobile	
Email *	
Mr. / Ms. / - *	
Name, First name(s) *	
Tel	
Fax	
Tux	
Mobile	
Email *	
We agree with the Terms of Us Deutschland.	e for the Client Web Service and have read the Privacy Policy of NaTran
[Date, location, signature of t	he legal representative of the company]