

### 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

Mobile

Email \*

We agree with the Terms of Use for the Client Web Service and have read the Privacy Policy of NaTran Deutschland.

\_\_\_\_\_  
[Date, location, signature of the legal representative of the company]

\_\_\_\_\_  
[Company, Stamp]