

Application form Foundation Agro CloSer

Company name:										
Contact person:										
Address:										
Zipcode, city:										
Mailing address:										
Zipcode, city:										
Phone number:										
E-mail address:										
E-mail address for invoicing:										
Registration number Chamber of Commerce:										
PO-number:										
Type of business:	☐ Supplier ☐ Distributor ☐ Logistics service provider									
Countries using Agro CloSer:	☐ The Netherlands ☐ Belgium / GD Luxembourg									
By signing this form you declare: - To join the Agro Closer Services Foundation as a participant - To accept and comply with the conditions of participation as determined by Agro Closer - To have completed this application form truthfully - To agree to the payment of the entrance fee and participant contribution determined by Agro CloSer <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <th style="text-align: left;">Type of business</th> <th style="text-align: left;">Entrance fee</th> <th style="text-align: left;">Annual fee</th> </tr> <tr> <td>Distributor</td> <td>€450</td> <td>€200</td> </tr> <tr> <td>Supplier</td> <td>€1700</td> <td>€200</td> </tr> </table> After confirmation of the application by Agro CloSer, you will join Agro CloSer as a participant.		Type of business	Entrance fee	Annual fee	Distributor	€450	€200	Supplier	€1700	€200
Type of business	Entrance fee	Annual fee								
Distributor	€450	€200								
Supplier	€1700	€200								
SIGNATURE										
Name:										
Date:										
City:										
Signature:										

The signed form can be sent digitally to agrocloser@agrocloser.eu or by post to:
 Agro CloSer
 P.O. Box 80523
 2508 GM The Hague

Form identification company location(s)

In order to use the solution Agro CloSer and other participants must be able to identify you. Agro CloSer therefore maintains an overview of company and contact details that is made available to the participants of Agro CloSer. We kindly request you to provide us with the following information for the purpose of this overview. You will receive an e-mail at the e-mail address below with the request to confirm the above information to us.

Company name:
Contact person:
Email contact person:
Billing address:
GLN-number billing address:

...
...
...
...
...

Business location no. 1

Location name:
Location address
GLN-number:

...
...
...

Business location no. 2

Location name:
Location address:
GLN-number:

...
...
...

Business location no. 3

Location name:
Location address:
GLN-number:

...
...
...

Business location no. 4

Location name:
Location address:
GLN-number:

...
...
...

Business location no. 5

Location name:
Location address:
GLN-number:

...
...
...