

Application form Foundation Agro CloSer

Company name:	
Contact person:	
Address:	
Zipcode, city:	
Mailing address:	
Zipcode, city:	
Phone number:	
E-mail address:	
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 	
After confirmation of the application by Agro CloSer, you will join Agro CloSer as a participant.	
SIGNATURE	
Name:	
Date:	
City:	
Signature:	

The signed form can be sent digitally to agrocloser.eu or by post to:

Agro CloSer Attn. Mr. L. Melissen 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 email 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 addres	
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:	