



Trailned B.V.

Liesselseweg 141

5753 PN Deurne (NL)

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Model 2

PAYMENT PROXY FORM

Company: _____
Name: _____
Number and Street: _____
Town or City: _____
Country: _____

With the stamp and / or signature on this form, the company named above gives authorisation to the following person:

Name: _____
Address: _____
ID number: _____

to pay the account in cash to:

Trailned B.V.
Liesselseweg 141
5753 PN DEURNE
THE NETHERLANDS

For the vehicle detailed below:

Make: _____
Model: _____
Chassis number: _____
Year: _____
Amount: _____

Trailned B.V. –Deurne Date:

Name: Date: