



# Janus Trans e.K.

*We transport with safety*

## **Business customer application**

Janus Trans e.K.  
Postfach 31 02 45  
34058 Kassel  
Tel.: 0 561 / 579 887 - 0  
Fax: 0 561 / 579 887 -14

### **Company**

Customer ID (if available)

Company name , legal status

Proprietor / Manager

Commercial register / tax ID number

*or send your business registration as attachment*

### **Branch/ subsidiary**

Customer ID ( if available )

Identifier (Head office, Branch Kassel, etc. )

Branch manager

Street, number

Zip, city, country

Telephone number

Fax number

Internet Address

Specific notes

( i.e. entrance in side street )

We would like to use the Web portal( 1,50 € discount / delivery )

We would like to be notified about special offers via e-mail E-mail

We would like to receive the invoice via e-mail only E-mail

Office hours

<input type="checkbox"/> Mo	<input type="text"/> : <input type="text"/> : <input type="text"/> : <input type="text"/>	and	<input type="text"/> : <input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="checkbox"/> Fr	<input type="text"/> : <input type="text"/> : <input type="text"/> : <input type="text"/>	and	<input type="text"/> : <input type="text"/> : <input type="text"/> : <input type="text"/>
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### **Dispatch manager / Contact person**

Salutation

Name, Surname

Mobile phone

Telephone number (if different )

Fax number (if different )

E-mail address

Department

Herewith I accept the general terms and condition of Janus-Trans e.K. and confirm the correctness of the data entered in this form.

Date , signature , stamp  
Manager