

## **Online services form**

## **Company information**

Please fill in this form	f you want to have access to our Online services. All fields are required.
Company name	:
P.O. Box	:
Postal code	:
Place of business	
Country	:
My BBL Company	Jsers
User 1 : 🗌	Add Remove Change
First name :	
Last name :	
Phone number :	
E-mail address : Receive notification	electronic invoicing?
User 2 :	Add
First name :	
Last name :	
Phone number:	
E-mail address : Receive notification	electronic invoicing?  Yes  No
User 3 :	Add 🗌 Remove 🗌 Change
First name :	
Last name :	
Phone number :	
E-mail address : Receive notification	electronic invoicing?

User 4	: Add Remove Change	
First name	:	
Last name	:	
Phone number	:	
E-mail address Receive notifica	: ation electronic invoicing?  Yes  No	
Remarks		
Name		
Date		
Signature*		

Please send application form, completely filled in and signed, to: BBL Company
Attn. Commercial Operations
P.O. Box 225
9700 AE Groningen
The Netherlands

Or by e-mail: commercial\_operations@bblcompany.com

<sup>\*</sup>Signature of primary contractual contact person