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AGREEMENT ON ACCOUNT CREATION FOR CREDITORS

Please fill in the form electronically and completely. Incomplete or handwritten applications can not be considered.
The fields which are highlighted in grey will be filled in by TCI.

Company name (complete with company structure)			
Contact partner (Mr./Mrs., first name, surname)			
Postal address (Street, number, postcode, city, country)			
Phone (with area code/s)			
Fax (with area code/s)			
E-Mail			
Website			
Name of the bank			
BIC			
IBAN			
Tax number			
VAT Reg No (with country code)			
Payment of statutory minimum wage guaranteed		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Payment period 30 days		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Zerberus authorised by TCI		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Network (if available) WCA, MPL, SFN, etc.		Membership number	
Carriers liability insurance and licence for goods transport (required for forwarders, carriers, etc.)			
Order type or description of the business			
Reason for choosing the new creditor			
Account number (finance & administration)			
Requested by TCI manager (Name in block letters)		Date	
Approved by TCI management		Date	
Signature / stamp creditor		Date	

Please attach copy/template of letterhead or invoice, Zerberus, carriers liability insurance and license to carry goods to the application.