

Online services form

Company information

Please fill in this form if you want to have access to our Online services. All fields are required.

Company name	:	<input type="text"/>
P.O. Box	:	<input type="text"/>
Postal code	:	<input type="text"/>
Place of business	:	<input type="text"/>
Country	:	<input type="text"/>

Certificate holder, only for B2B

Certificate holder	:	<input type="checkbox"/> Add	<input type="checkbox"/> Remove	<input type="checkbox"/> Change
First name	:	<input type="text"/>		
Last name	:	<input type="text"/>		
Phone number	:	<input type="text"/>		
E-mail address	:	<input type="text"/>		

Gasport Users

User 1	:	<input type="checkbox"/> Add	<input type="checkbox"/> Remove	<input type="checkbox"/> Change
First name	:	<input type="text"/>		
Last name	:	<input type="text"/>		
Phone number	:	<input type="text"/>		
E-mail address	:	<input type="text"/>		
Receive notification electronic invoicing? <input type="checkbox"/> Yes <input type="checkbox"/> No				

User 2	:	<input type="checkbox"/> Add	<input type="checkbox"/> Remove	<input type="checkbox"/> Change
First name	:	<input type="text"/>		
Last name	:	<input type="text"/>		
Phone number	:	<input type="text"/>		
E-mail address	:	<input type="text"/>		
Receive notification electronic invoicing? <input type="checkbox"/> Yes <input type="checkbox"/> No				

User 3 : ☐ Add ☐ Remove ☐ Change

First name :

Last name :

Phone number :

E-mail address :

Receive notification electronic invoicing? ☐ Yes ☐ No

User 4 : ☐ Add ☐ Remove ☐ Change

First name :

Last name :

Phone number :

E-mail address :

Receive notification electronic invoicing? ☐ Yes ☐ No

Remarks :

Name :

Date :

Signature* :

*Signature of primary contractual contact person

Please send application form, completely filled in and signed, to:

Gasunie Transport Services B.V.

Attn. Customer Desk

P.O. Box 181

9700 MA Groningen

The Netherlands

Or by e-mail : salesupport@gastransport.nl