

Carrier Questionnaire

Please send us the completely filled in and signed form at:

Email: info.slt@scherm.com

Fax: +49 8450 939 10219

A) Carriers data

Name of company, legal for:

Address:

Postal code, city

Phone: Fax:

Website: Email:

CEO:

Member of:

B) Service description

Frequented countries:

Highly services realtions:

C) Fleet an equipment

Your fleet:

GPS, mobile phone, ADR etc.:

D) Insurance and others

Insurances:

Certifications:

E) Signature

With my signature I accept the Conditions of the SCHERM Logline Transport GmbH.
<https://www.scherm.com/SLT/AGB.pdf>

Place an date of issue

Signature an stamp