



Trailned B.V.

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Model 3 AUTHORITY TO COLLECT

Company: _____
Name: _____
Number and Street: _____
Town or City: _____
Country: _____

With the stamp and / or signature on this form, the company named above gives authorisation to the following person:

Name: _____
Address: _____

from the following company:

Trailned B.V.
Liesselseweg 141
5753 PN DEURNE
THE NETHERLANDS

to collect the specified vehicle:

Make: _____
Type: _____
Chassis number: _____
Year: _____

- Send original registration documents by post
- Give original registration documents to the authorised person

Trailned B.V. –Deurne Date:

Name: Date: