

Order form Telepass

Fax: +31 (0)252 372 583 Email address: cardorder@dkv-euroservice.com



Customer details

Customer number

Company name

Contact person

Last Name, First Name

Phone number

Email address

Different delivery address

Company name

Last Name, First Name

Street, house number

Additional info (e.g. floor number)

Zip code, town/city

Country

Phone number Email address

Please do not provide any PO box addresses!

Return

| Number of the Telepass device | Vehicle registration number | Reason of the return | Replacement device desired |
|-------------------------------|-----------------------------|----------------------|----------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

License plate change for Telepass devices

(Return of the Telepass device not required!)

| Number of the Telepass device | Vehicle registration number old | Vehicle registration number new | Country of vehicle registration new | Euroclass new |
|-------------------------------|---------------------------------|---------------------------------|-------------------------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Blocking in case of loss or theft

| Number of the Telepass device | Vehicle registration number | Circumstances of the loss | Replacement device desired |
|-------------------------------|-----------------------------|---------------------------|----------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Signature in block letters _____

Date (dd/mm/yyyy) _____

Legally binding signature of the applicant(s) _____