

Order of Services



KAE International s.r.o.

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ATTENTION: _____ DATE: _____

NOTE! All fields are required to be filled in **before** sending the order to our office.

I acknowledge receipt of your quotation dated _____ and wish to confirm my acceptance for the sum of € _____. Please add VAT wherever applicable.

Preferred pick up date: _____

I request KAE International Movers to arrange transit insurance, as per the attached application and declaration forms, to the value of € _____. (A value must be declared)

Tick this box if you do not require ALL RISK insurance. Total Loss Insurance is Mandatory / Obligatory (please refer to your quote)

Should KAE International Movers arrange or bill for any additional services and charges as outlined in our "exclusions"? YES NO

Is Storage required?: YES NO => If YES where are goods to be stored? Origin Destination

If storage is required, how long would you like the goods stored? _____

KAE International Movers should arrange the additional services outlined in our quotation. YES NO (see "exclusions" in our quote)

Passport Number/Citizenship: _____ Tax File Number (AΦM): _____

Please check that your passport validity date has not expired

Name as on Passport: _____ Taxation Office (ΔOY): _____

ORIGIN

My contact address prior to departure is:

Postal Code: _____ Floor Level: _____

Phone After Hours: _____

Business Hours: _____

Email: _____

DESTINATION

Destination contact/delivery address is:

Postal Code: _____ Floor Level: _____

Phone After Hours: _____

Business Hours: _____

Email: _____

Representative contact person at origin (other than yourself):

Name: _____ Phone: _____ Email: _____

Representative contact person at destination (other than yourself):

Name: _____ Phone: _____ Email: _____

I depart from origin on (date) _____ via (plane, train, bus, vehicle) _____ and arrive at destination on (date) _____

Payment Details (Please tick one):

Private account All charges must be paid prior to collection date.

Company account If the removal and/or storage account is payable directly by a company or organisation, please complete details below. Also note Conditions 8.3 and 10.

By signing this order, the individual or organization accept the terms and conditions outlined in the contract for the removal and storage of goods.

Company Name: _____ Contact: _____

Full Name: _____ Signature: _____