

Order Form



Insert what you know. Mandatory fields in red.

Sephyre GmbH
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Shipper details

Shipper address:

Mobile number:

Email address:

VAT:

Reference:

Contact person:

Billing address (if different from Shipper address)

Billing address:

Mobile number:

Email address:

VAT:

Reference:

Contact person:

Pick-up address (if different from Shipper address)

Pick-up address:

Contact person:

Shipment details

Date (dd.mm.yyyy):

Time (hh:mm):

between and

Value:

Currency:

Quantity:

Pal/Crt:

Dangerous goods?

Yes

No

Weight:

Dimensions:

Insurance?

Yes

No

Terms:

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Description of goods

Description of goods / HS code:

Important information:

Ship by

Air Sea Road Rail Courier

Importer address

Importer address:

VAT number (Business Companies in EU):

EORI number (Business Companies in EU):

Important information:

Contact person:

Mobile number:

Email address:

Delivery address (if different from Importer address):

Delivery address:

Email:

Delivery instructions:

Contact person:

Phone number:

I have read and agree to the **Terms & Conditions**.

Place your order



Sephyre GmbH
PO Box, 4450 Sissach, Switzerland
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This form will be sent to order@sephyre.com