



ERGOPACK INFORMATION FOR PICK UP

PICK UP ADDRESS

Company

Reference number

Additional

Address

Zip / City

Country

OPENING HOURS DISPATCH DEPARTMENT

Date

Time (Monday - Thursday)

Time (Friday)

CONTACT

Name

Phone

E-Mail

PACKAGED GOODS

Dimensions

Weight

Type (Pallet type, package, etc)

Battery

AGM

Lithium

Please fill in all fields completely. This is essential so that a collection can be registered!

If the agreed collection is not possible, additional costs will be incurred.