

VGM ORDER

| CONTAINER NUMBER: | |
|--|--|
| BOOKING: | |
| REFERENCE FOR INVOICING: | |
| TYPE OF WEIGHING: | ON ARRIVAL BY TRUCK STORED AT TERMINAL |
| | |
| By sending this VGM Order, I undertake to pay the cost of the weighing | |
| according to the current tariff of MAHART Container Center Ltd. | |
| NAME, COMPANY: | |
| DATE: | |

Please send filled form to our e-mail address export@containercenter.hu! $Processing: 6^{00}\text{-}18^{00} \ on \ business \ days.$