

**Billing Form
Freight Volume Provision Agreements**

Date:

Please provide the following details in order to allow the billing of the agreed compensations.

Name of Volume Provider	
EEX Member ID	
Trader ID	
Street, Number	
Postal code, City	
Country	
TIN / VAT number (EU country)	

Bank details	
IBAN	
BIC	
Bank	

Delivery address for billing documents (if different from above):	
Name of Volume Provider	
Street, Number	
Postal code, City	
Country	

Further contact details in case of questions related to billing	
Contact person	
Email address	
Phone	