

Cambio partner card order

Send back to:

Optimobil Wallonie sa – cambio
Rue Buisson St-Guibert 1b
5030 Gembloux
IBAN: BE06 7370 0604 1022
BIC: KREDBEBB
Identifier creditor: BE83ZZZ0477194567



Client number (to be completed by cambio):

Personal information

First name & last name

Street & house number

Post code & city

GSM

Home number

Work number

E-mail adress

Birth date

Birth place

Identity card number

Driver's license number

License category

License place issued

Date issued

License expiration date

Contract information

Date the contract begins: / /

Most used cambio city:

If your partner can just subscribe below the rate under which the user is registered.

Entry cost: 25€

Subscription: 1€

The Safety Pack limits your financial responsibility to 200 € (400€ for the class 'VAN Cargo – 3 pl.')

in case of damage (omnium or legal responsibility). A Safety Pack costs 25€ upon activation and 4€ per month (in the CAMPUS tariff 6€ per month) per driver. The activation fee of 25€ will be collected on the next invoice.

Yes, I would like a Safety Pack (please indicate if applicable)

This Safety Pack will be renewed monthly without further notice from me.

Discounts

Members or subscribers of our partners are entitled to a discount. More information is on our website. Discounts are not cumulative. I have a subscription to / I am a subscriber of:

Taxistop

VAB

TEC

Other partner / Action code :

→ Yes, I have a Mobib card, with Mobib card number:

Do not forget to make a copy of and send your subscription or membership card to participate!

I agree with the following conditions:

- I enclose copies of the front and back of my driver's license and identity card
- Along with this registration, I immediately write the entry fees to the account number of cambio.
- I promise to attend an infosession via internet or presented by a staff member. (I attended an infosession on/...../20.... in (city).)

I accept the general conditions and price lists of cambio and wish to order a cambio card.

(subject to the approval of our insurance)

Date and place

Applicant signature (partner)

Confirmation by the client

The partner card must be registered under my client number. As a client I am responsible for all the duties that the use of the cards brings with it both for myself and for other people who are registered under my client number.

First and last name

Client number

Date and place

Cambio client signature (NOT the partner)