

**REGISTRATION OF NEW SUPPLIER / COSTUMER**

COMPANY NAME \_\_\_\_\_

MANAGING DIRECTOR \_\_\_\_\_

SALES MANAGER \_\_\_\_\_

NUMBER OF EMPLOIES: \_\_\_\_\_

LEGAL ( INVOICE ) ADRESS: \_\_\_\_\_

**DELIVERY ADRESS**

WAREHOUSE 1: \_\_\_\_\_

WAREHOUSE 2: \_\_\_\_\_

**CONTACTS**

TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_

E-MAIL \_\_\_\_\_

WEB SITE \_\_\_\_\_

**REGISTRATION DATA**

VAT N. \_\_\_\_\_

COMPANY REGISTRATION NUMBER: \_\_\_\_\_

YEAR OF FOUNDATION: \_\_\_\_\_

TURNOVER LAST YEAR ( EUR ): \_\_\_\_\_

TURNOVER THIS YEAR ( EUR ): \_\_\_\_\_

**BANK DETAILS**

BANK NAME: \_\_\_\_\_

STREET: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_

CITY: \_\_\_\_\_

COUNTRY: \_\_\_\_\_

IBAN \_\_\_\_\_

SWIFT CODE: \_\_\_\_\_

DATE \_\_\_\_\_ STAMP & SIGNATURE \_\_\_\_\_

**TO BE COMPILE IN EVERY PART AND RETURN BY FAX TO N. +386.1.5240360**