LAMINAM®

CUSTOMER DATA REGISTRATION FORM

(COM 003 - ITALIANO - rev.2 - 01/10/11)

PLEASE FILL IN THE FORMAND SEND IT TO THE FOLLOWING FAX NUMBER:

+39 0536 1844201

REGISTERED OFFICE:

Company Name

Legal Form: Plc. ☐ Lic. ☐ De facto company ☐ Limited partnership ☐ Limited partnership with a share capital ☐ Coop. LLC ☐ Nat. Pers. ☐

Address

Postal Code Town Prov. State.

Country Phone Fax

E-mail Web Address

Fiscal Ident. No. Tax Code

Operating Bank

Swift Code

IBAN

Address For Invoice Delivery

DELIVERY ADDRESS:

Company Name

Address P.C.

Town Phone Fax

OPERATING OFFICE (if different from above)

Company Name

Address

Postal Code Town

Phone Fax

E-mail

Purchasing Dept. Representative:

Phone Fax

E-mail

Accounting Dept. Representative:

Phone Fax

E-mail

TRANSPORTER DATA:

Company Name

Address P.C.

Town Phone Fax

Place and Date Signature

FOR INTERNAL LAMINAM SPA USE ONLY :

G.C. _____ M.P _____ SC. ANAGR. _____

R1 _____ R2 _____ F. _____

A1 _____ A2 _____