

ORDER FORM

Fax: +39-0473-239159

E-mail: info@8-chemie.com



Company: _____ **Name:** _____
Street Address: _____ **City:** _____
Phone Number: _____ **ZIP Code:** _____

Delivery Address

Company: _____ **Name:** _____
Street Address: _____ **City:** _____
Phone Number: _____ **ZIP Code:** _____

Bank/IBAN: _____ **Payment:** _____

Order Code	Description/Color	Packaging	Quantity (in pieces)	Price

Freight Cost: _____ **Requested Delivery Date:** _____
Date: _____ **Signature:** _____

PRIVACY AND CONDITIONS OF SALE: I certify that I have read the information in art. 13 of the Italian State Decree Nr. 196/2003, in particular as regards the rights recognized by law to me by Art. 7 Legislative Decree 196/2003, I consent to the processing of my personal data in the manner and for the purposes indicated in the information itself, however, closely related to the management of this business relationship. I also certify that I have read the general conditions of sale on the back.

Stamp and signature: