



Ilmas S.p.A.
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NEW CUSTOMER

FORM 001

COMPANY:

COMPANY NAME:

LEGAL HEADOFFICE:

City: State: Zip:

OPERATIVE HEADOFFICE:

City: State: Zip:

VAT NUMBER: TAX CODE:

TELEPHONE: FAX:

PURCHASE OFFICE E-MAIL:

AMMINISTRATIVE OFF. E-MAIL:

PAYMENT TERMS:

BANK:

IBAN:

CHAMBER OF COMMERCE N.

DISCOUNT:

DATE AND PLACE

SIGNATURE

RESERVED TO ILMAS S.p.A

CUSTOMER CODE