

Bignami

Done by Bignami S.p.A.

C/C _____

OPENED ON _____

PAYMENT _____

REQUEST FOR OPENING OF CUSTOMER CODE

Kindly fill in all details here below in order to allow us to open your customer code.

COMPANY NAME _____

INVOICE ADDRESS _____

ZIP CODE _____ TOWN/ CITY _____

SHIPPING ADDRESS _____

ZIP CODE _____ TOWN/CITY _____

VAT NUMBER _____

INTERNET SITE _____

TEL. _____ FAX . _____ E-MAIL _____

BANK NAME _____

ACCOUNT NO. _____ ROUTING/ABA NO.- _____

CONTACT _____

COMPANY OPERATING SINCE _____ TOTAL SHOP SURFACE (M²) _____

(M²) DEDICATED FOR SELLING _____

TYPE OF ACTIVITY _____

The filling in of this form and the relative request for the opening of the new BIGNAMI customer code foresees full acceptance of our standard selling conditions.

DATE _____

SIGNATURE _____

Company stamp