

# SELETTI

**PLEASE SEND THIS FORM ALONG WITH YOUR  
COMPANY REGISTRATION CERTIFICATE.  
THANK YOU FOR YOUR COOPERATION.**

**INVOICING DETAILS**

Company name:

Address:

Postal Code:

City:

Country:

Phone:

Mobile:

Fax:

Contact Person:

Email Address:

KEY PERSON (Owner / General Manager / General Director):

website:

**IMPORTANT**

V.A.T./COMPANY REGISTRATION N.:

**DELIVERY PLACE:**

Address:

Postal Code:

City:

Country:

Phone:

Mobile:

Fax:

E-mail:

Contact Person:

**SHOP ADDRESS (if different from above address)**

Address:

Postal Code:

City:

Country:

Phone:

Mobile:

Fax:

E-mail:

Contact Person:

**DELIVERY TERMS:**

EX WORKS

Free Delivered

F.O.B

**FORWARDING AGENT:**

Preffered Express Courier (for samples):

express courier international Contract N. :

**SPECIAL TRUCK REQUIRED (small for city center):**

Yes

No

Do you have a forklift at unloading point ?

Yes

No

TYPE OF BUSINESS:

No. Of Shops

No. Of Stores

Other:

what type of products do you sell?:

LIGHTING

ART DE LA TABLE / TABLETOP

FURNITURE

STATIONERY

OBJECTS AND DECORATION

OTHER / CONCEPT STORE

What other brands do you sell?:

**ACCOUNTING CONTACT PERSON:**

PHONE:

Mobile:

FAX:

EMAIL:

PAYMENT TERMS:

ADVANCED

L/C

OTHER

T/T AT SIGHT

T/T AT 30 DAYS

BANK GUARANTEE

**NEW ACCOUNT REQUIRE ADVANCED PAYMENT**