# OFFER REQUEST

(Please print clearly)

| | |
|---|---|
| **Date** | |
| **Name or Company** | |
| **Address** | |
| **City,State,Zip code** | |
| **Phone & Fax** | |
| **VAT ID or TAX COD** | |

**ALL THE PRICES ARE TAX FREE**

| ITEM. N° | DESCRIPTION | QUANTITY | PRICE (euro) | AMOUNT (euro) |
|---|---|---|---|---|
| Fill in | Fill in | Fill in | Don't fill | Don't fill |
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| | | **SPEDITION** | | |
| | | **TOTAL** | | |

**Make out this form with item n°,description and quantity you need than send it at this FAX N° 0039 042772749 So we give you the Best Offer in a fast time.**