



CUSTOMER DATA

CUSTOMER NO. (*)

(*) To be filled in Embega S. Coop.

NAME:	V.A.T. NO.:
ADDRESS:	
CITY:	C.P.:
COUNTY:	COUNTRY:
SHIPMENT ADDRESS:	
PERSON OF CONTACT AND POSITION:	
PAYMENT TERMS: 30 days from invoice date	
PAYMENT DAYS:	
BANK NAME AND ADDRESS:	
ACCOUNT NO.:	
TELEPHONE NO.:	FAX NO.:

DATE:

Signed by the Customer

