



RETAILER FORM

Please complete in block capitals and fax to +39 080.409.91.26

Imprint snc will accept or refuse the application at its own discretion.

* Compulsory fields

* Business name : _____

* Name and surname of contact person : _____

* Country ID: _____ VAT number : _____

* Address : _____

* Postcode : _____

* District : _____

* Province : _____

* Country : _____

* Telephone (land line) : _____

* Fax : _____

Mobile Telephone : _____

* E-mail : _____

WEB site : _____

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