



Order Form

Name & Surname: _____
 Telephone Number: _____
 Fax Number: _____
 Cellphone Number: _____
 Email Address: _____

Billing Address: _____

Delivery Address: _____

Items:

Qty	Product Code	Description

Please choose a delivery method:

- Ordinary Post
- Overnight Speed Services
- Courier Service

Please fax your order to: +39 315 0990 and we will send you an invoice shortly.

Signed: _____ on this _____ (day) _____ (month) _____ (year)