

## ZIIKUIIZaIIII

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## **ORDER FORM**

Please fax this form to the following number:

+39 0474 066 661

Field for your company stamp				Shipping address in case it is different from company address	
Name	2·			Customer Number:	
Tel. Nr. with area code:				Fax Nr. with area code:	
E-ma	il:				
Nr.	Quantity	Item Number	Product Na	me	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
Metho	od of Payment:	:			
Credit Card				Order of dangerous goods (Spray) delive-	
Bank Transfer				ry in two shipments (UPS and Executive)	
Date:				Signature:	
Juic.				51511utu10	