Order Form

Billing Address

Company

Street / Road

ZIP / City Country

Contact Person

Telephone Fax

e-mail

TAX Code

Activity

Shipping address (only if different)

Company

Street / Road

ZIP / City Country

Teléfono

Delivery Hours

If you are already, incluye your customer #

Customer Number (appears on your bills)

Item #	Color	Item Descritpion	Quantity	Unit Price	Total Price

I hereby accept your billing and supplying conditions

TOTAL

Shipping carges by weight / volume

+ TAXES if applicable

Date **Signature and Stamp**

☐ Advanced Bank transfer

Bank: LA CAIXA Swift # CAIXESBBXXX

IBAN: ES35 2100 0009 7502 0128 8476

☐ Picked up on own account

☐ Payment by credit card .

Card # Expiration

Cardholder Signature

Fax: +34 935 689 084 e-mail: international@superiorrestoration.es