

Please complete this form entirety and attach an identification document (driver's license / ID card / passport). Send by fax +39 02 8322715

I hereby authorize to debit the amount of € .....

☐ Balance as ordered material (date) |\_\_|\_\_|\_\_| order \_\_\_\_\_

NAME.....SURNAME.....

ADDRESS.....

ZIP CODE.....CITY.....STATE.....

PHONE.....FAX.....EMAIL.....

.....

CARTASI'  VISA  MASTERCARD  EUROCARD 

NUMBER: \_\_\_\_\_

EXPIRATION DATE (mm/yy):

DATE ..... SIGNATURE.....

Your personal data, here listed, will be carried in compliance with the Italian law 675/96. Your data will not be communicated or disclosed to third parties and will be used exclusively by Sanguinetti SAS. You can request cancellation at any time by fax +39 02 8322715.