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CLIENT UPDATE MODULO 002

AGENCY : DATE

COMPANY NAME

FACTURATION ADDRESS:

DELIVERY ADDRESS:

PHONE NUMBER: FAX

ADMINISTRATION OFFICE EMAIL ADDRESS: WEBSITE

V.A.T. NUMBER:

TAX CODE:

GROUP/CONSORTIUM:

GROUP/CONSORTIUM:

BANK / IBAN

PURCHASE DISCONUT:

BANK CREDIT LIMIT:

NEW CLIENT INSERTION (RESERVED TO ILMAS SRL)