OFFER REQUEST

(Please print clearly)

Date	
Name or Company	
Address	
City,State,Zip code	
Phone & Fax	
VAT ID or TAX COD	

ALL THE PRICES ARE TAX FREE

ITEM. N°	DESCRIPTION	QUANTITY	PRICE (euro)	AMOUNT (euro)
Fill in	Fill in	Fill in	Don't fill	Don't fill
		SPEDITION		
		TOTAL		

Make out this form with item n°,description and quantity you need than send it at this FAX N° 0039 042772749 or by e-mail at info@siff.it So we give you the Best Offer in a fast time.