

Order Request for Quote

① Name (Please state the delivery address in the remarks sections if it is different to the address below)

Company		Name		Surname	
VAT number					
Tel		Fax			
Address					
Avenue				Postal code	
City		Province		Country	

② Description

Please do not fill in the bold sections ↓

Code	Product name	Size specification *1	Quantity	Unit price	Price *4	Lead time

③ Payment method

Banca Cassa di Risparmio di Firenze		<input type="checkbox"/>	Advance payment *2 *3	<input type="checkbox"/>	Cash on delivery Commission €3
IBAN	IT51 L061 6072 2421 0000 0000 942				
BIC	CRFIIT3F				
Via Roma 82, 58022 Follonica Grosseto Italia					

Subtotal	
Shipping *5	7 / 12 / 14 /
Commission	3
VAT 22%	
Total Incl. VAT	€ ,

*1 We cannot accept cancellations or changes for any reason after receipt of your order.

*2 Payment is due at the end of the month following the shipment month.

*3 Please request a (Company registration form) by FAX.

*4 Expiry date of quote 30 days from issue date (price will change after expiry date)

*5 Shipping fee is depends on the area.

*6 Just in case we do not receive your fax, if you do not hear back from us by the following business day, please contact us.

④ Remarks (Pls write any additional information or requests here)

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⑤ Expected shipment date

Shipment	dd/mm
/	
Arrival	dd/mm
/	

Magfine Srl

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