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Customer Address / Delivery Address

 First Name

 Surname

 Firm / Institute / Company / VAT n°.

 Street

 Postal Code/ City

 E-Mail (in block letter)

 Telephone and Fax

 Delivery to the floor

Method of Payment:

Advanced Bank Transfer

IBAN: IT24S0101075360100000001283
 BIC/SWIFT: IBSPITNA

Bank: Banco di Napoli
 Account Holder: Ditta Pingue Raffaele
 Branch office: 19580 Via Municipio 82034 Guardia Sanframondi (BN)

Credit Card



Credit Card Holder: _____

Credit Card No. _____

Valid to: / (MM/YY) | CV2 /CVC2 o CID: _____

Code Product	Product	Quantity	Unit Price	Total
			€	€
			€	€
			€	€
			€	€
			€	€
			€	€
			€	€
			€	€
			€	€
Choose the method of payment and wait our communication for the costs.			Shipping	€
X			Grand Total	€

 Date / City / Signature

I agree to the Terms & Conditions of Ditta Pingue Raffaele, I've read rights of Withdrawal.