



SETIS™

Information Form

Company information

Date:

Company name:					
Official address:					
Postcode:		City:			
State/Province:			Country:		
VAT No. or Tax Payment ID:			Website:		

Contact person

Name:		Telephone:		
Email:		Mobile phone:		

Delivery information

Address:								
Postcode:				City:				
State/Province:				Country:				
Type of delivery:	Air Freight	☐	Sea Freight	☐	DAP truck	☐	Express Delivery	☐
Closest Harbor/Airport:								

Prod. Code	Description	Quantity

Notes:

sales@setis-systems.be

www.setis-systems.be

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