

BILLING SUBMISSION METHOD AND ACCEPTANCE

Kindly fill this form and send it to Forwarders_customerservice@vte.it

Company's data

Client code					
Company name					
Address					
City/town		Province		Post code	
Telephone			Fax		
VAT no.			Fiscal code		

I agree to electronic billing (please tick your preferred choice):

Yes, I agree to receive the following electronic invoice

- "Pure" electronic invoice (*)**
- "Asymmetrical" electronic invoice (**)**

by

- e-mail in a .zip format**
- e-mail using an hyperlink to VTE's website**
- download from VTE's website (if you wish to receive a notification, please advise to which e-mail account)**

E-mail accounts

We take due note that from the day of activation of the electronic service, hard invoices won't be sent via Italian courier anymore.

Applicant _____

Acting as /Job title _____

Date _____

Signature _____

(*) agreeing to receive "pure" electronic invoices entails compulsory electronic archiving by the Client.

(**) "asymmetrical" electronic invoices must be printed and filed in a paper-based archive.