

**REGISTER FORM**

I, the undersigned (**name, surname if natural person or company's name if legal person**)

.....

Birthplace ..... Birthdate.....

living in (**address**) .....

.....zip code.....

Country.....

Vat Number / Fiscal code.....

Document type/ number.....

Phone number..... Fax.....

e-mail address.....

HEREBY agree and accept terms and condition of sale by signing this document.

Your faithfully,

.....  
(name and surname)

.....  
(In behalf of legal representative, as mentioned)

**To be valid, this form must be fill out in its entirety, signed and joined with a vald I.D. and sent to its@its-aste.com or faxed to (0039) 0662206182**