

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