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Please, fill up this form and send via fax at 0039/02/26149657

APPLICATION FOR TRADE ACCOUNT: MEBSBOOKS.COM

Business Name _____

Address _____ ZIP Code: _____

State/Country: _____ City: _____

VAT/License Number: _____

Phone: _____ Fax: _____

Email: _____ @ _____ Http:// _____

Type of business _____ Contact Name _____

SHIPPING ADDRESS (only if different from invoice address)

Business Name _____

Address _____ ZIP Code: _____

State/Country: _____ City: _____

Phone: _____ Fax: _____

Email: _____ @ _____

We'll open your account until 24 hours from the receipt of your fax. You'll receive by email username and password

Date:

Signature of Owner/Officer _____