

Note: In order to activate the send button you must open and fill in the form from your computer, not from the browser.



Las marcas del Grupo BPW:



BPW TRAPACO, S.L.

C/Miguel Servet, 12 28806 – Alcalá de Henares (Madrid) - Tel. 91 802 36 00 - Fax: 91 802 61 53

E-mail: info@bpwtrapaco.com

CLIENT/COMPANY DETAILS					
Name:					
V.A.T/Registration number:			Phone:		
Address:				PC:	
City:		State:			
ORDERS					
Contact person:					
Telephone:			Other data:		
e-mail:					
ADMINISTRATION					
Contact person:					
Telephone:			Other data:		
E-mail:					
ELECTRONIC INVOICING. In case of acceptance, please tick the box and enter your e-mail address.					
<input type="checkbox"/> You accept and give your consent to receive invoicing by electronic means from BPW Trapaco, S.L. and Sumig Europartes Ibérica, S.L. as suppliers, in accordance with article 17 of the regulations governing invoicing obligations, approved by Royal Decree 1496/2003 of 28 November.					
E-mail:					
Payment terms to be negotiated with the sales representative (mark with an X)					
<input type="checkbox"/> Cash	<input type="checkbox"/> Promissory note	<input type="checkbox"/> Card	<input type="checkbox"/> Transference	<input type="checkbox"/> Other	
<input type="checkbox"/> Direct debit.					
SWIFT-BIC	IBAN	ENTITY	OFFICE	DC	ACCOUNT NUMBER
Authorises the company BPW Trapaco, S.L., with registered office at Miguel Servet, 12 Alcalá de Henares (MADRID), and tax identification number B81567075 from this date and indefinitely, to pay all receipts corresponding to invoices issued to the bank account number indicated in this document, as well as to pay all invoices received, in accordance with the provisions of the harmonised legal framework: Regulation (EC) 924/2009, on cross-border payments; Law 16/2009, on Payment Services - transposition of Directive 2007/64/EC, on Payment Services; and Regulation (EC) 260/2012, laying down technical and business requirements for credit transfers and direct debits.					
Terms of payment: Mark with an X, whichever you have agreed with your sales representative		CASH PAYMENT	30 DAYS	Paydays	
		<input type="checkbox"/>	<input type="checkbox"/>		
Type of client: (mark with an X)		Chasis Builder <input type="checkbox"/>	Manufacturer <input type="checkbox"/>	Private individual <input type="checkbox"/>	
		Distributor <input type="checkbox"/>	Fleet <input type="checkbox"/>	Repair Workshop <input type="checkbox"/>	
		Other <input type="checkbox"/> Please, specify			

Signature/client stamp:

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