

ORDER FORM

CEMAFROID
 5 avenue des Prés – CS 20029 – 94266 Fresnes Cedex

DELIVERY ADDRESS		BILLING ADDRESS (IF DIFFERENT FROM DELIVERY ADDRESS)	
COMPANY:		COMPANY:	
LAST NAME – FIRST NAME:		LAST NAME – FIRST NAME:	
ADDRESS:		ADDRESS:	
TEL:		TEL:	
E-MAIL:		E-MAIL:	

- Company signing the license agreement:
- Date of signature of the license agreement:
- Type conformity certificates n° :

Description	Quantity	Unit price of the label ET	Total Price ET
Numbered regulatory label to be affixed to certified vehicles and equipment		€15	
TOTAL PRICE Excluding Tax			
VAT (20%)			
TOTAL PRICE - ATI			

Date ____/____/____

Signature