



Filed in by customer

Company name _____ Phone _____

VAT no. _____ Fax no _____

Address _____

zip code _____ City _____

Country _____

Delivery address _____

If other than above

zip code _____ City _____

Country _____

Emailadress for pdf-invoice _____ *there will be added a fee when invoice is being sent by postal service*

Your contact _____ Phone no _____

E-mail _____

Preferred shipping method _____

Account with forwarder _____

When receiver pays

Will be filled by Bengtssons Maskin:

Our seller _____

Currency _____

Order amount for credit value _____

