ORDER FORM

Print, fill in capital letters and send in an envelope or fax

Dear **IRIDE**
Via San Pietro, 126 -15020 Gabiano (AL)
Phone 0142945408 - biancoiride321@gmail.com

I want receive the merchandise in the month of…….. I would like invoice **NO** ☐ **YES** ☐

If a variety were sold out, you can replace it with one of equal or greater value **YES** ☐ **NO** ☐

Send to ……..

Street……

Post code ……City……..

Country……..Email……..

Phone……Mobile phone……

Payment
☐ Cheque attached ☐ Countersign ☐ Bank Transfer to: IRIDE di Messina Silvana Banco BPM SpA
IBAN: IT82W0503448290000000013258; BIC/SWIFT: BAPPIT21076 ☐ Postepay ☐ Postal order

Quantity	**Name of the variety* Prices shown are inclusive of VAT**	**Unit price * Euro**	**Total price * Euro**
		Subtotal Euro	
		Cost of packaging and shipping Euro	
		Total Euro	

I have read and accept the privacy policy (Legislative Decree no. 30/06/2003 n. 196 and Reg. UE n. 679/2016, GDPR) and your General Terms of Delivery.

Date…… Signature……..