



For organizers use			
EF			
CH <input type="checkbox"/>	CC <input type="checkbox"/>	V <input type="checkbox"/>	C <input type="checkbox"/>
F		R	

Summary 2007

Available on the Web Site: www.concoursmondial.eu

I, the undersigned: Representative of the: ☐ Producer ☐ Distributor

Company:

Name of person responsible:

Full address:

.....

.....

Country:

① VAT number:

Shipping address from the 08/01/07 to 01/03/07
VINOPRES s.a. – CMB • Rue de Mérode 60 • B-1060 Brussel • Belgium • ☎ 32/(0)2 533 27 67 • 📠 32/(0)2 533 27 61
* Office open from monday to friday from 8.30 to 17.00

I wish to register the following products for the Concours Mondial de Bruxelles 2007:

1.
2.
3.
4.
5.
6.
7.
8.

The samples were sent:	
➤ on: (date of the departure of the samples)	<input type="text"/>
➤ by: (name of the transport company)	<input type="text"/>
➤ from: (city of departure)	<input type="text"/>

Method of payment

Number of products x 138 euros* (€)=..... Subject to the VAT.: ☐ yes ☐ no

<input type="checkbox"/> I attach a cheque for	<input type="text"/>
<input type="checkbox"/> I send via the account number CCP Banque de la Poste BE 87-00012552-7494 (IBAN), BIC: BPOTBEB1 the sum of	
<input type="checkbox"/> I autorise you to debit from my account <input type="radio"/> VISA <input type="radio"/> EUROCARD <input type="radio"/> AMERICAN EXPRESS account the sum of	

Name of card holder:

Credit Card number:
Expiry date:

VAT number: (obligatory for the invoice)

Date: Signature:

A photocopy of this form is acceptable