



INVOICE REQUEST FORM BUYING CABLE TICKETS BUISSON - CHAMOIS

DATE OF PURCHASE \_\_\_\_\_

NUMBER OF TICKETS PURCHASED \_\_\_\_\_

AND TYPE \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_

TAX IDENTIFICATION NUMBER \_\_\_\_\_

VAT \_\_\_\_\_

@ \_\_\_\_\_

Certified mail \_\_\_\_\_

ADDRESS OR HOME IN ITALY

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ADDRESS TO SEND THE INVOICE IF DIFFERENT

\_\_\_\_\_  
\_\_\_\_\_