

IT Platform (SMCS) registration form

Company name:	.....
- general email:	.....
EIC Code:	.....
Shipper Code:	.....
General contacts:	.....
- telephone:	.....
- mobile:	.....
- fax:	.....
Seat:	.....
Invoicing address:	.....
Primary Contact Person in issues related to the Contract:	
- name:	.....
- telephone:	.....
- mobile:	.....
- fax:	.....
- email:	.....
Secondary Contact Person in issues of daily operative contact:	
- name:	.....
- telephone:	.....
- mobile:	.....
- fax:	.....
- email:	.....
User authorized to bid:	
- name:	.....
- email:	.....
- mobile:	.....
Other User ₁ :	
- name:	.....
- email:	.....
- mobile:	.....
Other User ₂ :	
- name:	.....
- email:	.....
- mobile:	.....
Other User ₃ :	
- name:	.....
- email:	.....
- mobile:	.....
Guarantee preference*	Injected gas
	Bank guarantee

* Underline as applicable.

Dated:

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Corporate signature by
authorized representative