

## **INVOICING INFORMATION**



* COMPANY NAME:
* TAX ID:
* FISCAL RESIDENCE (COUNTRY):
* METHOD OF PAYMENT:
WE ASK YOU TO MAKE SURE ABOUT THE SERVICES THAT YOU REQUEST AND PAID, REFUNDS CAN NOT BE MADE.

## **RIGGING SERVICE FORM**





FOE-OP-LOGRA

Show name:		INA PAACE AUTO	MEGHANINA		how dates:		10-1	2 July, 2019	
			Deadlir	ne: 26 Jui	ne, 2019				
		After the deadline you	u will have to hire the	services in	the in house	office at Centro	CitiBanamex		
Number & Bo	ooth Name		INIVOI	SE INFORM	IATION				
Commonwell			INVOIC	CE INFORM	IATION				
Company Nam	ne:								
Address 1							T		
Address 2						Z.P.			
City						NUMBER			
State			T			Country		T	
Phone			Fax Nu	ımber			Mobile Phone		
On-site	contact:					E-mail:			
Please sh	Event name	following information to	receive a quotation:						
		h number ) with weight, dimensio	ons and materials				Sub Total  TAX ID	\$	
				AVMENT FOR				\$	
	K, NA: 36341616 21000089 US33 e: Logistica Organ	) with weight, dimensio				ELO CP 11200 ME	TAX ID	\$	
Account number: ABA Number: 02 Swift Code: CITII Beneficiary name	K, NA: 36341616 21000089 US33 e: Logistica Organ	) with weight, dimensio	P/ ción de Eventos SA de C C 4 CABALLERIZAS 6 D	·V	DMAS DE SOTI	ELO CP 11200 ME	TAX ID	\$	

Original: LOGRA