



ITALIAN TRADE AGENCY
ICE - Italian Trade Commission

Application for Vendor Registration

Applicant Information

Company Name (as it appears on W-9): _____ Date: _____

DBA (if different from above): _____

Employer Identification Number or Social Security Number: _____
Format: EIN (NN-NNNNNNN) or SSN (000-00-NNNN)

Contact Person: _____ Position: _____
Last First

Address: _____
Street Address Suite/Unit #

_____ *City State ZIP Code*

Phone: _____ Fax: _____

E-mail: _____ Website: _____

Company Background

Industry: _____ Years in Business: _____

Goods or Services Offered: _____

Individual Person Only

Please attach a copy of your resume.

Are you a Citizen of the Republic of Italy? YES NO

If YES, please state the country and state of your fiscal residency: _____

If YES, please attach the "Dichiarazione ai Sensi del D.P.R. 28 Dicembre 2000 N. 445", in addition to a valid copy of identification.

Disclaimer and Signature

I certify that I have read, understood and I agree to the terms of the VRP. I further certify that my answers are true and complete to the best of my knowledge and I agree to the use of my data.

Signature: _____ Date: _____