

Stockholm Office

**Registration form
ENROLMENT AND MANAGEMENT OF THE SUPPLIERS REGISTER OF THE
ITALIAN TRADE AGENCY - STOCKHOLM**

1) Information concerning the economic operator

Name: _____
VAT-number, if applicable: _____
Address: _____
Telephone: _____
E-mail: _____
web address: _____
Name of the legal representative: _____

Turnover of the last 3 years _____

2) The list of merchant categories of interest

SECTOR 1 _____
SubSectors _____

SECTOR 2 _____
SubSectors: _____

Signature
