

Client Information Form

**Company, Trading
Name - Registered
Company name**

Registered Office

Street:

Postcode:

Town/City:

Province/Region:

State:

Phone

Fax

Website

E-mail

**Certified Electronic
Mail**

**SDI (Italian Electronic
Invoicing) Code**

Tax Code

VAT Reg. number

**Carrier Operational
Contact**

Name and Last name:

mobile phone no.:

landline no.:

**Legal representative
details**

By signing this form, I state I have read and fully understood all the provisions of the Bologna Autostazione Operating Policy (AOP) – Prospetto Informativo dell'Autostazione (PIA).

Place, date

Signature