

General data

Supplier  Contractor

Business name:	<input type="text"/>		
Brand name:	<input type="text"/>	F. I. N° *	<input type="text"/>
		<small>* Fiscal Identification Number</small>	
<b>Fiscal Address</b>			
Street	<input type="text"/>		
Number	<input type="text"/>	Floor	<input type="text"/> Office/Dept. <input type="text"/>
City	<input type="text"/>	Zip Code	<input type="text"/>
State/Province	<input type="text"/>	Country	<input type="text"/>
Phone number:	<input type="text"/>	Alternative phone number	<input type="text"/>
Email	<input type="text"/>		
<b>Commercial address</b>			
Street	<input type="text"/>		
Number	<input type="text"/>	Floor	<input type="text"/> Office/Dept. <input type="text"/>
State:	<input type="text"/>	Zip Code	<input type="text"/>
Province	<input type="text"/>	Country	<input type="text"/>
Phone number:	<input type="text"/>	Alternative phone number	<input type="text"/>
Email	<input type="text"/>		
<b>Contact details</b>			
Name and surname:	<input type="text"/>		
Title/Position:	<input type="text"/>		
Phone number:	<input type="text"/>	Alternative phone number:	<input type="text"/>
Email	<input type="text"/>		
<b>Statutory representative</b>			
Name and surname:	<input type="text"/>		
Title/Position	<input type="text"/>		
Phone number	<input type="text"/>	Alternative phone number	<input type="text"/>
Email	<input type="text"/>		
<b>Payment Notices</b>			
Name and surname	<input type="text"/>		
Title/Position	<input type="text"/>		
Phone number	<input type="text"/>	Alternative phone number	<input type="text"/>
Email	<input type="text"/>		

The undersigned,.....in their capacity as Agent/Authorized, affirms that the data recorded is correct and complete, and that this sworn statement has been prepared without omitting or falsifying any information that it should contain, being a faithful expression of the truth. Every event is accompanied by a copy of the instrument that accredits said powers.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Position / Position



<table border="0"><tr><td data-bbox="414 1276 422 1310"> </td><td data-bbox="702 1142 710 1288"> </td><td data-bbox="766 1142 774 1310"> </td><td data-bbox="829 1254 837 1288"> </td><td data-bbox="973 1310 981 1377"> </td><td data-bbox="1252 1310 1260 1377"> </td><td data-bbox="1316 1254 1324 1288"> </td></tr><tr><td></td><td></td><td data-bbox="710 1422 774 1512"> </td><td></td><td></td><td data-bbox="1252 1422 1316 1489"> </td><td data-bbox="1316 1422 1324 1489"> </td></tr><tr><td data-bbox="414 1534 774 1568">_____</td><td data-bbox="710 1534 774 1568">_____</td><td data-bbox="710 1534 774 1568">_____</td><td data-bbox="710 1534 774 1568">_____</td><td data-bbox="837 1512 1324 1545">_____</td><td data-bbox="837 1545 1324 1579">_____</td><td data-bbox="837 1579 1324 1612">_____</td></tr><tr><td data-bbox="414 1568 774 1601">_____</td><td data-bbox="710 1568 774 1601">_____</td><td data-bbox="710 1568 774 1601">_____</td><td data-bbox="710 1568 774 1601">_____</td><td data-bbox="981 1568 1260 1601">_____</td><td data-bbox="981 1601 1260 1635">_____</td><td data-bbox="981 1635 1260 1668">_____</td></tr></table>															_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	<table border="0"><tr><td data-bbox="263 1904 710 1915">_____</td><td data-bbox="837 1904 1324 1915">_____</td></tr></table>	_____	_____
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_____	_____	_____	_____	_____	_____	_____																									
_____	_____																														

Bank Checking Account Affidavit

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Location [redacted] Date [redacted] of [redacted] of [redacted]

Contractor Company Name [redacted]

8; @»fl [redacted]

\*Fiscal Identification Number

Current Account No. [redacted]

CBU No. [redacted]

Banking entity [redacted]

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