

Document for placing an order with V-Veil-Up Production SRL

BILLING Information

Company name

Address

Zip Code

City

County

Country

VAT No.

Unique Registration Code

Contact Person

First name

Surname

Telephone

Mobile

E-mail*

National identification number (CNP) for individuals

Delivery INFORMATION

Delivery Address

Address

Zip Code

City

County

Contact Person

Surname and first name

Mobile

Delivery requirements

YOUR ORDER

Order form summary

Ordered product	Medical mask
Product reference	<input type="text"/>
Unit price excluding VAT	<input type="text"/>
The unit amount of masks	<input type="text"/>
Send order at	comanda@vvup.org
Additional information available at	www.v-veil-up-production.com

Upon placing the order by e-mail you will receive:

1. confirmation with the price and delivery conditions;
2. a proforma invoice.

The order will be processed only after receiving the payment by transfer into our account.

Legal Information

You have read and accepted the general conditions of sale available on the website www.v-veil-up-production.com
You agree that all delivery costs are your responsibility.
You have read and accepted the terms of advance payment depending on the ordered volumes.
You accept the delivery terms corresponding to the tariff.

V-Veil-UP Production S.R.L.