



ITALY
DREAM DESIGN

ORDER FORM

Fill with requested information:

Name: _____

Date and place of birth: _____

Address: _____

Zip code: _____ Town: _____ Country: _____

EU VAT number (if available): _____

Delivery address, if different:

Name: _____

Address: _____

Zip code: _____ Town: _____ Country: _____

Useful information for delivery:

Telephone: _____ e-mail: _____

Delivery floor _____ elevator _____ Intercom _____

Particular difficulties / access restrictions: _____

Item	Chosen options	Quantity	Unit price	Total price
			Total	
Discount code			Discount amount	
Delivery charge (free for orders not less than € 1.000)				
Total to pay				

Date and customer's signature _____

I declare I've read and accepted sale conditions

as published on website www.italydreamdesign.com (signature) _____

I agree for your use of my personal data (signature) _____

Information after Italian law D.Lgs. 30 Giugno 2003, n. 196: we inform you that your personal data will be processed by Kallisté Srl. Full information about processing of personal data is published on website www.italydreamdesign.com. If you wish us to delete your data from our database, please send us a request via e-mail at info@italydreamdesign.com

Payment method choice

- I attach a copy of bank transfer made on account of:

Kallisté Srl
via Bezzecca, 7
50139 FIRENZE
bank: INTESA SANPAOLO SpA – San Severo
IBAN: IT25 N030 6978 6341 0000 0007 380
BIC: BCITITMM

- I pay through my credit card

- VISA
- MasterCard
- American Express (15 digits)
- VISA Electron
- Diners

Amount _____

card number

security code

(I write down the 3-digit on back of my VISA o MasterCard or the 4-digit code printed on the front side of my American Express)

expiring date (month/year)

date and signature





- For any further payment methods, please contact us:

tel. (+39) 0550776907 / (+39) 3477960415

fax (+39) 0557469123

e-mail: buy@italydreamdesign.com

Order sending:

			
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Notes:

