IT Platform (SMCS) registration form

Company name:	……
- general email:	……
EIC Code:	……
Shipper Code:	……
General contacts:	……
- telephone:	……
- mobile:	……
- fax:	……
Seat:	……
Invoicing address:	……
Primary Contact Person in issues related to the Contract:	
- name:	……
- telephone:	……
- mobile:	……
- fax:	……
- email:	……
Secondary Contact Person in issues of daily operative contact:	
- name:	……
- telephone:	……
- mobile:	……
- fax:	……
- email:	……
User authorized to bid:	
- name:	……
- email:	……
- mobile:	……
Other $User_1$:	
- name:	……
- email:	……
- mobile:	……
Other $User_2$:	
- name:	……
- email:	……
- mobile:	……
Other $User_3$:	
- name:	……
- email:	……
- mobile:	……
Guarantee preference*	Injected gas
	Bank guarantee

* Underline as applicable.

Dated: ……

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Corporate signature by
authorized representative