



INVOICE REQUEST FOR “TIME TO THINK” SERVICE

Company invoice request

COMPANY NAME * _____

FIRST NAME * _____ LAST NAME* _____

TAX CODE OR VAT No. * _____ SDI CODE _____

ADDRESS * _____ ZIP CODE * _____

CITY * _____ STATE* _____ COUNTRY* _____

EMAIL/CERTIFIED EMAIL FOR COMPANIES AND VAT HOLDERS*

The invoice will be sent to this email address. Certified email required for companies or VAT holders

TELEPHONE NUMBER * _____ EMD NUMBER * _____

AIR ROUTE _____

TOTAL AMOUNT PAID _____

**required fields*



INVOICE REQUEST FOR “TIME TO THINK” SERVICE

Person invoice request

FIRST NAME * _____ LAST NAME* _____

TAX CODE No. * _____

ADDRESS * _____ ZIP CODE * _____

CITY * _____ STATE* _____ COUNTRY* _____

EMAIL/CERTIFIED EMAIL*

The invoice will be sent to this email address.

TELEPHONE NUMBER * _____ EMD NUMBER * _____

AIR ROUTE _____

TOTAL AMOUNT PAID _____

**required fields*