

ORDER FORM

annuaire de la meunerie Française

annuaire de la
**MEUNERIE
FRANÇAISE**

Edition 2008

ADDRESS

Company:
Name:
Last name:
Address:
.....
.....
[][][][][] City: Country:
Tel.: Fax:
E-mail: Web :
n° de TVA:

PAYMENT

Quantity:
Price: 85 € (50 € for advertisers only)
Total amount*:
 I wish to receive an invoice
Attached is my payment :
 Cheque to order of AGP
 Bank card, Visa, Mastercard
N° [][][][] [][][][] [][][][][] [][][][][]
Expiry date: [][][][] Date and signature :

*The yearbook will be send when the paiement is received.

... (SEND BY FAX to 33(0)1 40 26 34 40 or by post to the following adress:

a.g.p.

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