

We kindly ask you to fill in the form with all the necessary data for the billing activity

**CHALLENGED DOMAIN NAME/S:**

**INVOICING FORM:**

Name and surname / Business name

………………………………………………………………………………………………………............................................

Address …………………………………………………………………………………………………………………………………………..

Fiscal abode / registered office:…………………………………………………………………….............................

………………………………………………………………………………………………………............................................

E-mail address...............................................................................................................

Tax code: .....................................................................................................................

VAT Number: No□ Yes □

VIES registration: No□ Yes □

(Number:.. ………………………………………………………………………………………........................................)

Date…………………….............. Signature…………………………………....................

Please forward the form, via e-mail, to: **segreteria.arbitrato@mi.camcom.it**