**e-invoice application form**

**CUSTOMER/PAYER/INVOICE RECIPIENT:**

|  |  |
| --- | --- |
| Company name |  |
|  |  |
| Company address |  |
|  |  |
| vat No. |  |
|  |  |
| ident. No. |  |
|  |  |
| e-mail: |  |

**APPLICANT:**

|  |  |
| --- | --- |
| name and surname |  |
|  |  |
| tel |  |

 IN THE CAPACITY OF : DIRECTOR SHIP AGENT ATTOURNEY

**I hereby declare that:**

* I would like to receive e-invoice from Bulgarian Ports Infrastructure Company to :

above mentioned e-mail

another e-mail

* I hereby agree that I will notify the BPI Co. of any changes to the information provided

herein.

* By signing this form I hereby guarantee that the data provided herein is true and correct.

date: Signed by: