SUPPLIER FORM

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| --- | --- | --- | --- |
| New form |  | Modification |  |

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| Any request must be typed |

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| **Request follow-up** | | | |
| Service / faculty : | Choisissez un élément. | Contact person (\*) : |  |
| Phone number : |  | Email : |  |

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| **Supplier form** (\*) | | | | |
| Name (Establishment, Company) :  (Company Name) | | |  | |
| France - public and companies |  | France - self-employed / associations | |  |
| EU - public and companies |  | Others | |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Public sector supplier | YES |  | NO |  |

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| For Etablissements, Companies, Public Establishments, Administrations, Associations (\*) | | | |
| Company register No :  (France) 14 numbers |  | Intra-community VAT No : |  |

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| For Self-employed Professions , Associations, Students (\*) | | | |
| Association identification N° : |  | Student N°: |  |

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| --- | --- | --- | --- | --- |
| Head office address **(\*)** N° and Road :  (Address) | | | | PO Box : |
| Postcode : | Town : | | Country : | |
| Phone N° (**\***) : | | Company contact number : | | |
| Fax N° : | | Email (**\***) : | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Currency (**\***) : | EUR : | USD : | Other (please advise) : |

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| Please imperatively join a Bank Account Details with the name of the bank account holder. For accounts in Europe, a bank certificate produced by the account holder bank, IBAN and SWIFT numbers are compulsory. |

(**\*) to complete imperatively**