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 |[ ]

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| 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 (**\***) :       |

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| 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**