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| Agence Comptable – Service Facturier***Création des Tiers*****Tél.** : 05 34 32 30 27 **Fax.**: 05 34 32 31 00Email : creation-tiers@listes-diff.inp-toulouse.fr |

**INP1** |  | Cadre réservé à la comptabilité fournisseurs |
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INFORMATION FORM – Fiche Client

ANY INCOMPLETE INDEX FORM WILL BE RETURNED FOR FURTHER INFORMATION

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| **RESERVED FOR THE ADMINISTRATION / RESERVE A L’ADMINISTRATION** **Ecole ou Service:** … ……….. ……………… …….. **Mme/Melle /Mr:** **Dat**e**:** **Téléphone: Fax :** …………. **Mail:**…  |
| HEADQUARTERS IDENTITY**NAME of the Institution / Company**: ………………………………………………………………………………………………**VAT Code (European Union)**: .............................................................................................................................................**Address of the Institution / Company**: …………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………**Zip Code**: ……………………………………………………………………………………………………………………………….**City**: …………………………………………………………………………………………………………………………………….**Country**: ………………………………………………………………………….…………………………………………………….**PO reference:****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****If different from the above information for billing address:****Name:** ……………………………………………………………………………………………………………………………………**Billing Address:** …………………………………………………………………………………………………...………………………………………**Zip Code**: ……………………………………………………………………………………………………………………………….**City**: …………………………………………………………………………………………………………………………………….**Country:** ………………………………………………………………………………………………………………………………..**PO reference:****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Contact:** 🞎 Madam 🞎 Miss 🞎 Mister: ………………………………………………………………………………………**e-mail address:** **Tel:**  |

**Date and SIGNATURE:**