



ORDER FORM FOR FRIENDS

Track your shipment through the code you'll receive from: <http://www.bencienni.it>

MBE CODE (TRACKING NUMBER)

HOW WE MET

HOW AND WHEN YOU MET US?
WHO IS THE FRIEND WHO RACCOMENDEDE NOSTRAVITA TO YOU?

Please fill the following form in BOLD and CAPITAL LETTERS

RECEIVER SHIPPING INFORMATION

BUSINESS ADDRESS (RECOMMENDED)

RESIDENTIAL ADDRESS

NAME SURNAME, ADDRESS, CITY, PHONE, COMPANY NAME, SUITE, APARTMENT, ZIP CODE, STATE COUNTRY, E-MAIL

DESCRIPTION OF THE GOODS

Table with 4 columns: QUANTITY OF THE GOODS, DESCRIPTION OF THE GOODS, FULL PRICE PER BOTTLE, TOTAL VALUE OF THE GOODS WITH 10% OFF. Includes SHIPPING FEE and TOTAL rows.

I hereby certify and agree to the following:
Extra charges will be applied for:
Deliveries to Alaska, Puerto Rico, Virgin Island, Hawaii

PAYMENT

CREDIT CARD (We will - delete your credit card information from this form as soon as we use them and they will not be visible to MBE or anyone else)

YOU CAN CHOOSE TO SEND CREDIT CARD INFOS TO OUR PHONE THROUGH WHATSAPP +39 329 4423163
Credit Card Number: (16)
Security Number on the Back for VISA, MASTERCARD: (3)
Exp. Date: /
Kind of Credit Card:

(SECTION TO FILL BY NOSTRAVITA & MBE)

Notes:

DATE: MBE SIGNATURE: N° DI COLLI RITIRATI /PACKAGES COLLECTED:

Nostravita di Parisi Domenico Annibale

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