

QUOTE REQUEST



LIGHT CONE
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! This form has to be completed electronically and not handwritten !

CONTACT

Person responsible for ordering

Last name*: First name*:
Position:
Name of the organization:
Type of organization : *Other, specify:*
Address* :
Postal / Zip code*: City*: Country*:
Phone*:
E-mail*: Website:

INVOICING

Person responsible for invoicing

Last name*: First name*:
Position:
Name of the organization to be invoiced:
Type of organization : *Other, specify:*
VAT Number:
Invoicing address*:
Postal / Zip code*: City*: Country*:
Phone*:
E-mail*: Website:

DELIVERY

Person responsible for shipping

Last name*: First name*:
Location:
Shipping address*:
Additional information:
Postal / Zip code*: City*: Country*:
Phone*:
E-mail*:

Shipping Company*:

FedEx DHL TNT UPS (+4€ additional costs) Other (please specify):

Shipping account number*:
.....
.....

*Mandatory fields are preceded by an asterisk **

Acceptance of a quotation involves binding acceptance of general terms and conditions : <https://lightcone.org/en/how-to-rent-a-film>

