

### Application for Electronic Invoice Adhesion

CONTRACT HOLDER		
Name:		
Address:		
Zip Code:	Town:	
Citizen Card/ ID No.:	Expiry Date:	Place of Issue:
VAT No.:		
Telephone:		

#### SUBJECT OF THE APPLICATION

The undersigned requests adhesion to the Electronic Invoice of the service agreement with the consumer code No. \_\_\_\_\_.

#### ADHESION EMAIL:

Arganil, \_\_\_\_ of \_\_\_\_\_ of 20\_\_\_\_

The Applicant

\_\_\_\_\_

#### TO BE FILLED IN BY THE SERVICES

Paid € _____, payment slip No. _____, the employee _____		
ENTRY	INFORMATION OF SERVICES	ORDER/DECISION
Request No.		<b>GRANTED</b>
Date		<b>DENIED</b>
Contract No.:		Date _____ The President _____
		_____/_____/_____ _____



The Municipality of Arganil complies with the General Data Protection Regulations regarding the collection and processing of data. The data collected is intended exclusively for the processing of this application. For further information please contact [rgpd@cm-arganil.pt](mailto:rgpd@cm-arganil.pt)