

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

CONTRACT HOLDER				
Paid € _____, payment slip No. _____, the employee _____				
ENTRY		INFORMATION OF SERVICES	ORDER/DECISION	
Request No.				GRANTED
Date				DENIED
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