



APPLICATION FORM FOR TECHNICAL SERVICES

Send to: e-mail: serviciostecnicos@ciemat.es

Your order number (if it exists)

CONTACT PERSON

Name:	
Phone:	Email:

Fill in the following section if you are requesting a non-tariffed service or you do not know if the service is subject to any tariff ([Link official publication](#)):

REPRESENTATIVE OF THE ENTITY*

Name:
Power attorney:
Date:
Notary public (name):
Position:

* Authorised person to sign the service provision contract

BILLING INFORMATION

Customer invoice address:	
Name:	
Address:	
VAT Reg. No.:	
Email address to send the invoice:	
Contact person:	
Email:	Phone:

