

Contact Information

EMEIA Italian Vendor Information Form

| Primary Contact Name: (Contact will be assigned Administrator role in future Apple system and will be responsible for maintaining company profile and contacts) | | | Primary Contact Type: (Sales Person, Account Manager, Accounts Receivable, etc.) | | | |
|---|-------------|--|---|--|--|--|
| Primary Contact Email: | | | Primary Contact Telephone: | | | |
| Secondary Contact Name: (Contact will be assigned secondary Administrator role in future Apple system and will be responsible for maintaining company profile and contacts) | | Secondary Contact Type: (Sales Person, Account Manager, Accounts Receivable, etc.) | | | | |
| Secondary Contact Email: | | | Secondary Contact Telephone: | | | |
| Purchase Order Contact Name: | | | Purchase Order Contact Telephone: | | | |
| Purchase Order Email: (Apple will send Purchase Orders to this email) | | | Remittance Advice Email: (Apple will send Remittance Advice to this email) | | | |
| | | | | | | |
| Account Control / Tax Information | | | | | | |
| Vat Reg Number | | | | | | |
| Organisation Type (Tick Relevant Type) | Sole Trader | | Company | | | |
| Sole Trader to provide Vendor Fiscal Code (Mandatory Requirement) | | | | | | |
| Bank Information * | | | | | | |
| Country | | | Bank Account No. | | | |



| Bank Information * | | | | | | |
|------------------------------------|--|-------|----------|-----------------|--|--|
| Bank Name | | | | | | |
| Bank Branch (if applicable) | | | | | | |
| Bank Region (if applicable) | | | | | | |
| Bank Street (if applicable) | | | | | | |
| Bank City | | | | Bank Key | | |
| Bank Group (if applicable) | | | | | | |
| Bank Number (if applicable) | | | | | | |
| IBAN | | | | Swift Code | | |
| Alternative Payee | | | | | | |
| Check Digits / Bank Control Key | | | | | | |
| | | | | | | |
| | | | | | | |
| Withholding Tax Information | | | | | | |
| Nature of Sales | | Goods | Services | (specify type)_ | | |

| Withholding Tax Information | | | | | | |
|--|-----------|-------------------------|--|--|--|--|
| Nature of Sales | Goods | Services (specify type) | | | | |
| Do you have employees? (only if providing Agency Services) Yes No | | | | | | |
| Are you VAT registered in Italy? | Yes No | | | | | |
| Contact Name: Date Date * Please provide your banking information on company letterhead. | | | | | | |