

**APPLICATION FORM FOR E-INVOICING**

**COMPANY NAME** \_\_\_\_\_

**E-MAIL** \_\_\_\_\_

**CONTACT PERSON** \_\_\_\_\_

**Date** \_\_\_\_\_

\_\_\_\_\_  
**Name / Signature / Stamp**

Note: This application form should be sent to the fax number +30210 4599 600 or to the e-mail address [sales@otesat-maritel.com](mailto:sales@otesat-maritel.com)