



## PLANTS REQUEST FORM

( SUPPLY INCLUDED IN **FitoBox®** )

PLEASE FILL IN AND SEND IT BY MAIL OR FAX TO\*:

**Initram Impresa Italia S.r.l.**  
**Via Pian di Rona snc**  
**50066 Reggello (FI) - ITALY**  
**Fax n° 0039.55.866.23.23**

Acquirer: \_\_\_\_\_

Address: \_\_\_\_\_

Zip code: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_

Phone number: \_\_\_\_\_

e-mail: \_\_\_\_\_ @ \_\_\_\_\_

Tax code: \_\_\_\_\_ VAT number: \_\_\_\_\_

Reed bed surface: \_\_\_\_\_ m<sup>2</sup>

Date of purchase \_\_\_\_\_

Executed at \_\_\_\_\_

### ASKS

Initram Impresa Italia S.r.l. to supply the aquatic plants (Phragmites Australis) included in **FitoBox®**.

Plants have to be sent to the following address:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Zip code: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_

Phone number: \_\_\_\_\_

The buyer agrees to the treatment of the data contained in this form for the plants request purpose.

Acquirer  
(readable signature)

\* FILL IN ALL THE FIELDS OF THE FORM TO MAKE IT VALID