

INTEREST FORM FOR PURCHASES FROM ABROAD

Customer Information

NAME: _____ SURNAME: _____

ADDRESS: _____

CITY / COUNTRY: _____ POSTAL CODE: _____

CONTACT NUMBER: _____ E-mail: _____

PRODUCT CODE	QUANTITY (PCS)	COMMENTS

MORE DETAILS / COMMENTS:

Please send the Interest Form to info@carlamco.gr
and you will receive directly from us your offer with the total cost of shipping.

