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PUBLICITY PROMOTION CONTRACT

CLIENT INFORMATION

Company name:	**Chain:**	Commercial name:		Tax code.	
Address:		Administrative Contact:		Mobile number:	
City:	Post code/Zip code:	Telephone:	E-mail:		
Province/State:	**Country:**	**Authorized contact:**		Mobile number:	
Telephone:	**Fax:**	Telephone:	E-mail:		

Type of promotion:	**Date:**	**Entrance date control:**	**Administrative control**	Technical Control
Web links:	**Period from:**	**Client code:**	User Identification	
Sales representative:	**Period to:**	**Contract number:**	Password:	

Concept description	No.	Price	AMOUNT

Invoicing observations:	**Amount:**	
	V.A.T.	
	Total:	

FORM OF PAYMENT AND CONDITIONS

☐ **Cheque** ☐ **Cash**	**Payment method:**	☐ **Yearly**	☐ **Half yearly** Surcharge €2 monthly	☐ **Quarterly** Surcharge €4 monthly

☐ **Direct Debit Account Nº.**

☐ **Credit card Nº.** Expiry: month/year Control Nº

Observations:

ITS Group, S.A.	
On behalf of:	On behalf of:
Signature:	Signature: