

Registration 4/4 – Application Form

General Information

Company Information

Company Name *	Legal Status *	
<input type="text"/>	<input type="text"/>	
Address street 1 *		
<input type="text"/>		
Address street 2		
<input type="text"/>		
City *	State/Province	Country *
<input type="text"/>	<input type="text"/>	<input type="text" value="-select-"/>
Post Code *	Post Box	Post Box Post Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone Number *	Fax Number *	Web Page
<input type="text"/>	<input type="text"/>	<input type="text"/>

Contact Person field_reg_first_name=First Name

First Name *	Middle Name	Last Name *
<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone Number *	E-mail *	
<input type="text"/>	<input type="text"/>	

Other Information

Trade Register Number *	VAT Register Number *	Corporate Group
<input type="text"/>	<input type="text"/>	<input type="text"/>

Company Subsidiaries

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Number of Employees *

Quality assurance system *	Certification *	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text" value="-select-"/>	(if other please specify in the comment field)

Activities,Business Area *

<input type="text" value="Dealership"/> <input type="text" value="Design / Engineering"/> <input type="text" value="Installation"/> <input type="text" value="Manufacturing"/>	<input type="text"/>
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Production Plant Locations

Location	City	Country
<input type="text"/>	<input type="text"/>	<input type="text" value="-select-"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="-select-"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="-select-"/>

Products Group

[Click here to select your products *](#)

[Choose](#)

Main Customers and Suppliers Information

Main Customers in the Marine Industry

Name	City	Country
<input type="text"/>	<input type="text"/>	-select-
<input type="text"/>	<input type="text"/>	-select-
<input type="text"/>	<input type="text"/>	-select-

Main Suppliers in the Marine Industry

Name	City	Country
<input type="text"/>	<input type="text"/>	-select-
<input type="text"/>	<input type="text"/>	-select-
<input type="text"/>	<input type="text"/>	-select-

Already a Fincantieri Supplier ?

YES

Financial Information

General

(Dont use dots or commas in these fields)

Turnover

3 years ago*

 €

2 years ago*

 €

1 year ago*

 €

Capital

3 years ago*

 €

2 years ago*

 €

1 year ago*

 €

Net Profit

3 years ago*

 €

2 years ago*

 €

1 year ago*

 €

Invoicing Address

Name *

Addresses *

City *

State/Province

Country *

 -select-

Post Code *

Post Box Post Code

Other

Comments