



**Agence Comptable – Service Facturier**  
**Création des Tiers**  
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Cadre réservé à la comptabilité  
 fournisseurs

**INFORMATION FORM – Fiche Client**

ANY INCOMPLETE INDEX FORM WILL BE RETURNED FOR FURTHER INFORMATION

**RESERVED FOR THE ADMINISTRATION / RESERVE A L'ADMINISTRATION**

Ecole ou Service: ..... Mme/Melle /Mr:  
 Date:  
 Téléphone: Fax : ..... Mail:...

**HEADQUARTERS IDENTITY**

NAME of the Institution / Company: .....  
 VAT Code (European Union): .....  
 Address of the Institution / Company:  
 .....  
 Zip Code: .....  
 City: .....  
 Country: .....  
 PO reference:

**If different from the above information for **billing address**:**

Name: .....  
 Billing Address:  
 .....  
 Zip Code: .....  
 City: .....  
 Country: .....  
 PO reference:

Contact:  
 Madam  Miss  Mister: .....  
 e-mail address:  
 Tel:

**DATE AND SIGNATURE:**