



# REGISTRATION FORM

Payment by invoice

## Company Information

Company Name: ..... Tax ID: .....

Address of the Head Office: .....

.....

City: ..... Postal Code: ..... Country: .....

## Billing information

Billing Address: .....

.....

City: ..... Postal Code: ..... Country: .....

Accounting Manager: ..... Phone: .....

Email addresses: .....

(Invoice will be sent to email addresses listed) .....

.....

## Supporting documents

A recent KBIS extract (certificate of incorporation) less than 3 months old,  
or equivalent translated into French for companies subject to foreign law

## Contacts authorized to make reservations

Email (mandatory)	Last Name	First Name

Place: ..... Date: ...../...../..... Signature: .....

(Banking details for invoice payment)

Account Owner: REGIE DE RECETTES PARC AUTOS DE NICE

### RIB

Code banque	Code Guichet	N° de compte	Clé RIB	Domiciliation
10071	06000	00002005697	87	TPNICE

### IBAN / BIC

FR76	1007	1060	0000	0020	0569	787	<b>BIC</b>	TRUFRP1
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