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APPLICATION FOR ISSUING & SENDING INVOICES IN ELECTRONIC FORM

(company)

(address)

(VAT Nr.)

(Legal representative)

(email address for receiving e-invoices)

By signing this application, I agree that the issuer of e-invoices, the company EURONOVA D.O.O., sends me invoices in electronic form to the above-mentioned e-mail address. I also agree that from the date of validity of this application, invoices will no longer be sent to me by traditional mail, in paper form.

(signature of the legal representative)

(place and date)

(Filled in by the e-invoice issuer)

Datum prejema in podpis odgovornega delavca podjetja EURONOVA D.O.O.

Identifikacijska oznaka prejemnika (plačnika) e-računa: _____

Ljubljana, _____

Podpis: _____