



Autostrada del Brennero SpA
Brennerautobahn AG

FORM A

(all fields are required)

To the attention of
AUTOSTRADA DEL BRENNERO SPA
Via Berlino n. 10 - 38121 Trento
C.A. Reparto Gestione Introiti

REQUEST FOR TOLL CHARGES INVOICING

Request for an invoice for tolls paid by us exclusively at the stations under the competence of Autostrada del Brennero S.p.A., for the routes indicated in the analytical list shown in FORM B. We hereby declare that we are aware of the regulations set forth in Presidential Decree No. 633/1972 and subsequent amendments, and the Ministerial Decree of 20/07/1979 published in the Official Gazette No. 201 of 20/07/1979, and assume **original** responsibility for this invoice request, as well as the details of the individual transits, for which the **original** transit certificates are attached.

APPLICANT'S DETAILS

NAME OR COMPANY NAME	
SURNAME	
NATIONALITY	
STREET OR SQUARE	
POSTAL CODE	
CITY	
PROVINCE	
TELEPHONE – E-MAIL	

DATA FOR ELECTRONIC INVOICING

CERTIFIED E-MAIL ADDRESS	
RECIPIENT IDENTIFICATION CODE (for electronic invoicing)	
VAT NUMBER	
TAX CODE	

REQUEST DATE		SIGNATURE	
--------------	--	-----------	--



(all fields are required)

[illegible]