

Order form Telepass

Fax: +31 (0)252 372 583 Email address: orders@dkv-euroservice.com



Customer details

Customer number

Company name

Contact person

Last Name, First Name

Phone number

Email address

Different delivery address

Company name

Last Name, First Name

Street, house number

Additional info (e.g. floor number)

Zip code, town/city

Country

Phone number Email address

Please do not provide any PO box addresses!

Order



Telepass Number

Please fill out the fields in the following table for every vehicle you wish to fit with a Telepass device!

Vehicle registration number	Nationality	Euronorm (emission class) (V.9)

In the case of more than 10 vehicles, please attach a further table!

With this order form I/we have received the "DKV guidelines for the application for and use of Telepass devices", DKV's "Power of attorney" and the "User conditions for Italian motorways, parking facilities, ferries and Area C" and acknowledge their validity as an important part of this contractual relationship. I/We confirm that my/our data are correct and complete. Please sign the above documents and send the signed originals back to DKV.

Signature in block letters _____

Date (dd/mm/yyyy) _____

Legally binding signature of the applicant(s) _____