

REQUEST FORM**Company:**

Full Official Name of company you represent

Address:

Street, Postal Code, City, Country

VAT EU / TIN / Business Register:**Contact Person:****Position:****Email:****Web:****Tel:****Product****Product*:****Packaging*:****Quantity:****Private Label:****Delivery**

EXW

FCA

DAP

DDP

FOB

CIP

CIF

City:**Postal Code:****Country:****Port:****Country:****Payment & Comments****Payment Terms*:****Expected Price:****Additional Remarks:**

* - you may input your own value or select it from dropdown list

Please fill in ALL necessary fields and send to mail: office@ingretrade.com

Otherwise, your request will not be evaluated.

We will get back to you with an offer ASAP!