



**U.S. Commercial Service**

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## **SINGLE COMPANY PROMOTION (SCP) ORDER FORM**

**PLEASE NOTE:** This is a non-binding, preliminary order form. Your order will only become final by mutual agreement, after CS Italy has confirmed that your products or services qualify for the CSP and your payment has been received.

**Fees:**

Minimum fee for facility use - \$ 750. Additional services are available at additional costs to be negotiated with you based on the complexity and time required.

**Your Contact Information:**

Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Website: \_\_\_\_\_

**Your credit card information for payment:**

American Express     Visa     Discover     Mastercard

Card Number: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Name of Card Holder (as shown on card): \_\_\_\_\_

Name of Company: \_\_\_\_\_

Signature: \_\_\_\_\_

**Please fax or e-mail Order Form and Questionnaire to: 011-39-06-4674-2113 or rome.office.box@mail.doc.gov**