

Company Details	
Company Name	
Tax ID	
Trading Name	
Address	
City	
Country	
ZIP Code	
Website	
Activity	
Gross Annual Revenue	
Number of employees	

Billing Details	
Address	
City	
Country	
ZIP Code	
Name	
E-mail	
Contact Tel.	

Legal Representative	
Name	
Title	
Contact Tel	
E-mail	

Alternate Representative	
Name	
Title	
Contact Tel.	
E-mail	

I Declare that the information provided reflects the truth and agree upon these terms

Site: _____ Date: _____

Name: _____

Signature

INSTRUCTIONS:

The complete and correct filling of the details is fundamental for the progress of the affiliation process.

When you finish the filling, check that the data is correct and generate a copy of the affiliation proposal signed by the company's Legal Representative, which should be sent to filiacao@abes.org.br.

For further details, please contact: (55 11) 5094-3100.