

	COMPANY INFORMA	TION
COMPANY NAME:		TAX ID NUMBER:
COMPANY ADDRESS:		
COMPANY ADDRESS.	(STREET ADDRESS)	
(CITY)		(ZIP CODE)
(STATE / PROVINCE / REGION)		(COUNTRY)
COMMERCIAL BUSINESS:		
	SALES CONTACT	
SALES CONTACT NAME:	PC	OSITION / TITLE:
EMAIL:	DI	HONE (OFFICE / MOBILE):
LIVIALE		TONE (OTTICE / MOBILE).
ACCC	DUNTS RECEIVABLE (	CONTACT
ACCOUNT RECEIVABLE CONTACT NAME:		OSITION / TITLE:
		-
EMAIL:	PH	HONE (OFFICE / MOBILE):
	PAYMENT INFORMA	
BANK NAME:		CURRENCY:
BANK ADDRESS:		
	(STREET ADDRESS)	
(CITY)		(ZIP CODE)
(STATE / PROVINCE / REGION)		(COUNTRY)
ACCOUNT NUMBER:		
SWIFT NUMBER:		
IBAN NUMBER (EUROPEAN PROVIDERS ONLY):	: ABA / RTN NU	MBER (EE.UU. PROVIDERS ONLY):
	REQUIRED DOCUME	NTS
- W-9 FORM -	TAX ID NUMBER CERTIFI	CATE - PACKING LIST (ONCE SHIPPED THE ORDER)
	PAYMENT CONDITION	ONS
- WIRE TRANSFERS WILL BE SCHEDULE ON THURSDAYS		
- THE ORDER MUST BE SENT TO THE FOLLOWING ADDR	RESS:	
THE AMERICAN SCHOOL FOU	JNDATION AC / CANALE	ES FORWARDING
	MADOR / LETY CANALES	
- IN ACCORDANCE WITH MEXICAN LAW, ALL ORDERS (I	LAREDO, TEXAS, 78041, I PURCHASES) MUST HAVE	
INFORMATION AS FOLLOWS:	. 2.13.1.1320/ 111001 11AVL	
THE AMERICAN SCHOOL FOUNDATI		
BONDOJITO 215 LAS A	AMERICAS, 01120, CDMX	., IVIEXICU.