

WASTE ENTRY FORM

PRODUCER DATA / HOLDER (Waste collection place)	
COMPANY NAME:	
NIF:	
ADDRESS:	
CITY:	ZIP CODE:
E-MAIL:	PHONE:
ENVIRONMENTAL MANAGER:	
CUSTOMER INFORMATION (Company to invoice the service)	
COMPANY NAME :	
N.I.F.:	
ADDRESS:	
CITY :	ZIP CODE :
E-MAIL:	PHONE :
PAYMENT CONDITIONS:	
BANK INFORMATION:	
ADMINISTRATION MANAGER:	
SHIPPING DATA	
Waste description:	
EWC:	TFS N°:
Transport Company:	
Transport code:	Send date:
Commercial Proposal n°:	Estimated Amount (TN):

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ATLAS GESTIÓN MEDIOAMBIENTAL, S.A.

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