

Purchase request



Send the purchase request to torinoairportpass@sagat.trn.it

Personal information

First Name* _____ Last Name* _____

Tax code* Cell phone _____ number* _____

Email* (business or personal) _____

Address _____ Postal Code ____ City _____

PR (____) State _____

____ Invoice request

Billing information

Company name* _____ VAT number* _____

Company tax code* _____

Headquarters address _____ Postal code ____ City _____

PR (____) Country _____

Telephone number* _____

Address for CARD RECEIPT (must be filled in)

Address Postal Code _____ City _____ PR (____) Date ____

Signature _____

I have read and accept the [Program Regulations](#) ☐

I have read [the TURIN AIRPORT PASS User Registration Information](#) and I give my consent ☐

*required information