



Price Offer

Offer to: Caesar Families Association e.V

Date:

Name of the service provider:

Address:

Contact information: Phone no.

Email:

Description	Unit	Cost (Euro)	Notes
E-commerce training	Session		
Total			

Offer validity period: _____

Note: PTT accounts are not accepted.

Bank account details (account holder name + IBAN + BIC/Swift + Bank address):

account holder name: _____

IBAN: _____

BIC/Swift: _____

Bank address: _____

Signature: