

## State of Israel /Ministry of Agriculture & Rural Development

## **Agricultural Research Organization**

## **Volcani Institute**

## **CONTRACT REQUEST FORM**

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Name:	P.O. Box:
I.D. / VAT Reg. #:	Phone number:
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* Please add a photographed I.D. or an	official paper
Bank details: (must be IDENTICAL to the	ne proforma invoice):
	Account #:(max 14
Bank name:	positions.)
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Bank key:	IBAN/aba code :
	Remark: (Left of
	over 14 pos. of acc.
Bank branch name:	number)

From: Agricultural Research

Or **ID No**: 500104773

TEL:972-3-9683722