



office use only

PAYER

Please fill in the form, if the payer is not the EXHIBITOR listed on Form 7/7 of the "Application-Agreement".

COMPANY (full name)																										
Country	Postal code	City																								
Street / No.																										
Tel.		Fax																								
E-mail																										
TIN (Tax ID)	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																									
Company registration No.																										
Contact person																										
Tel.		E-mail																								

We hereby declare to accept all obligations of the Exhibitor:

Company (full name):																										
Country	Postal code	City																								
Street / No.																										
TIN (Tax ID)	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																									
Company registration No.																										

towards ZIAD Bielsko-Biała SA that will result from his/her participation in the fair ENERGETAB 2018.

<p>..... date</p>	<p>..... company stamp</p>	<p>..... signature and stamp of the person authorized by the Exhibitor</p>
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