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 na	ame)																			
Country	puntry					Postal code					City									
Street / No.																				
Tel.									Fax											
E-mail																				
TIN (Tax ID)																				
Company registra	ation No.																			
Contact person																				
Tel.								E-mail												
We hereby decla	re to acce	pt all o	obligatio	ons of tl	he Exl	hibito	r:													
Company (full na		-																		
Country				Postal code				City	City											
Street / No.																				
TIN (Tax ID)																				
Company registra	ation No.																			
owards ZIAD Bi	elsko-Biał	a SA tl	hat will	result fi	rom h	is/her	parti	cipat	ion in	the	fair	ENE	ERG	ETA	B 201	8.				
date				signature and stamp of the person authorized by the Exhibitor										ed by the	Exhibit	or				