



office use only

**PAYER**

Please fill in the form, if the payer is not the EXHIBITOR listed on Form 12/12 of the "Application-Agreement".

<b>COMPANY</b> (full name)																						
Country	Postal code	City																				
Street / No.																						
Tel.																						
E-mail																						
<b>TIN (Tax ID)</b>	<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><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:

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

towards ZIAD Bielsko-Biala SA that will result from his/her participation in the fair ENERGETAB 2025.

<p>..... date</p>	<p>..... company stamp</p>	<p>..... stamp and legal binding signature I hereby declare that I am the authorized representative of the applicant to place binding orders</p>
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