



REGISTRATION FORM

IDENTIFICATION DATA	
Company name	
Continued name	
NIP (Tax Identification No.)	

BANK DETAILS	
Bank name	
IBAN	SWIFT number

ADDRESS OF REGISTERED OFFICE		
Street	No.	Flat
Postal code	City/Town	
Phone no.	Mobile phone no.	
FAX no.	E-mail	
Contact person		
Opening hours	Opening days	

DELIVERY ADDRESS (fill in if it is different than the address of registered office)		
Street	No.	Flat
Postal code	City/Town	
Phone no.	Mobile phone no.	
FAX no.	E-mail	
Contact person		
Opening hours	Opening days	

The data controller processes the data in accordance with the Policy posted on the website <https://www.autos.com.pl/pl/polityka-prywatnosci>

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Place and date

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Stamp and signature

Your spare parts supplier.

