

ABONLINE ACCESS QUESTIONNAIRE

Company name*:		
Registered office address*:		
Address for delivery (when different from the registered office address):		
Tax number*:		
Registration number:		
Acting on behalf of the Company, as the person authorized to represent the Company, I hereby authorize the persons indicated below to perform the following functions and hold the following authorizations at ABOnline:		
User - a person who has the right to use the ABOnline system and has access to its functionalities, including placing orders, under the terms of the ABOnline Regulations	1	
		name, surname, function
		phone, email
Approvals:	<p>Approvals:</p> <p>I declare that I undertake to immediately notify AB of the expiration of the authorizations granted in this ABOnline Access questionnaire.</p> <p>I confirm that the ABOnline Regulations together with its attachments (including the documents referred to in the ABOnline Regulations), (hereinafter: Regulations) have been provided to me before signing the ABOnline Access questionnaire.</p> <p>I confirm that I have been notified that the Regulations are available on www.abonline.pl and I have permanent and free of charge access to the Regulations in a form, which enables downloading, saving and printing thereof.</p> <p>I confirm that I have read the Regulations and that I accept the terms and conditions stated in the Regulations.</p> <p>I confirm that I agree with the Privacy Policy available on the website ... and to accept its conditions.</p> <p>I confirm that I have read the information on the processing of personal data available on the website</p>	