

AUTHORISATION

As official signatory for:..... (company name)
.....(registered seat)
..... (VAT ID number) I hereby authorise the following person(s) to lease or buy machinery or service for our company from Profirent Gépkölcsönző Kft. This Authorisation includes contracting and the receipt of machinery on behalf of the Company extending the authorisation. I have been made part of Profirent Gépkölcsönző Kft.'s General Contractual Terms and Conditions, which I hereby undertake.

As the Authorising Party, I hereby accept my obligation to inform the Lessor in case this authorisation has been withdrawn, or the company I represent shall bear all damages resulting from the undue use of this authorisation.

We hereby accept processing of our data as in the data management information.

Authorised Party 1

| | |
|-----------------|----------------------|
| Name: | <input type="text"/> |
| Place of birth: | <input type="text"/> |
| Date of birth: | <input type="text"/> |
| Mother's name: | <input type="text"/> |
| Phone: | <input type="text"/> |
| E-mail: | <input type="text"/> |
| Signature: | <input type="text"/> |

Authorised Party 2

| |
|----------------------|
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |

Authorised Party 3

| | |
|-----------------|----------------------|
| Name: | <input type="text"/> |
| Place of birth: | <input type="text"/> |
| Date of birth: | <input type="text"/> |
| Mother's name: | <input type="text"/> |
| Phone: | <input type="text"/> |
| E-mail: | <input type="text"/> |
| Signature: | <input type="text"/> |

Authorised Party 4

| |
|----------------------|
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |

Dated on,

Print name of authorising person:

position:

e-mail:

Authorised signature:

| |
|----------------------|
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |

I hereby declare that the data above are correct and that I have been authorised by the company to sign the document on their behalf.