



Business Company: ABF, a.s.  
Registered office: Beranových 667,  
199 00, Prague, Czech Republic

Workplace, mailing address: Dělnická 12, 170 00, Prague, Czech Republic  
Company Registration No.: 63080575, Tax Id. No.: CZ63080575  
Registered by Municipal Court in Prague, Section B, File no. 3309  
Bank Details: Expobank CZ a.s., Account No. 5085320021/4000  
IBAN: CZ724000000005085320021, SWIFT: EXPNCZPP  
Tel: +420 225 291 129  
E-mail: international@abf.cz, Internet: www.forbikes.cz, www.pvaexpo.cz

## Co-exhibitor application

# FOR BIKES

PVA EXPO PRAGUE, 29–31 March 2019

**Deadline for submission of orders is 25 February 2019**

# 2

Exhibitor (Company name): \_\_\_\_\_

We declare that the following firms (our Co-exhibitors) will be presented within the framework of our exposition.

For each of them we will pay the Registration Fee amounting to **CZK 5,000** (in the case of 1 to 4 co-exhibitors)

**CZK 3,000** (in the case of 5 to 8 co-exhibitors)

**CZK 2,000** (in the case of 9 and more co-exhibitors)

Number of co-exhibiting firms  (in the case of a larger number please fill in more forms no. 2)

### 1<sup>st</sup> Co-exhibitor

Company name \_\_\_\_\_ Reg. No. \_\_\_\_\_

Registered office\* - street \_\_\_\_\_ Tax ID. No. \_\_\_\_\_

Town \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Internet \_\_\_\_\_

Contact person \_\_\_\_\_ Position \_\_\_\_\_

Tel./mobil \_\_\_\_\_ E-mail \_\_\_\_\_

### 2<sup>nd</sup> Co-exhibitor

Company name \_\_\_\_\_ Reg. No. \_\_\_\_\_

Registered office\* - street \_\_\_\_\_ Tax ID. No. \_\_\_\_\_

Town \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Internet \_\_\_\_\_

Contact person \_\_\_\_\_ Position \_\_\_\_\_

Tel./mobil \_\_\_\_\_ E-mail \_\_\_\_\_

### 3<sup>rd</sup> Co-exhibitor

Company name \_\_\_\_\_ Reg. No. \_\_\_\_\_

Registered office\* - street \_\_\_\_\_ Tax ID. No. \_\_\_\_\_

Town \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Internet \_\_\_\_\_

Contact person \_\_\_\_\_ Position \_\_\_\_\_

Tel./mobil \_\_\_\_\_ E-mail \_\_\_\_\_

### 4<sup>th</sup> Co-exhibitor

Company name \_\_\_\_\_ Reg. No. \_\_\_\_\_

Registered office\* - street \_\_\_\_\_ Tax ID. No. \_\_\_\_\_

Town \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Internet \_\_\_\_\_

Contact person \_\_\_\_\_ Position \_\_\_\_\_

Tel./mobil \_\_\_\_\_ E-mail \_\_\_\_\_

\* For natural persons (individuals) please state the place of business.

#### All prices are without VAT.

I hereby confirm that I read the Business Terms and Conditions of ABF, a.s., which are an integral part of this application form, and that I understand them and agree with them. I take into account that this is a framework agreement which will be realized in steps, based on further orders made in writing or via e-mail. If the orders are issued by a third party, the original is always required.

\_\_\_\_\_ for ABF, a.s.

\_\_\_\_\_ date, signature of exhibitor, stamp /representative of the exhibitor