

## Data of contracting authority

**Orderer:**Full name: **Invoice data:**Institution /  
Company:  \*Street: Postal code, city: VAT ID: **Contact person:**Full name: Phone: E-mail: **Place of delivery** – if it differs from the invoice dataCompany:  \*Street: Postal code, city: Full name: Phone: E-mail: 

\* – please select the address to which you want to send a VAT invoice

## Ordered products

No.	Index	Product	Quantity
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			

I give my consent to processing of my personal data by PHU Beskid Plus sp.j. R. Tyrna, J. Cybuch, B. Tyrna for the purpose of performing a contract.

Place and date:

Signature of the contracting authority: