

## **APPLICATION FORM – ARZ ETC DEVICE**

### **1. User details – NATURAL PERSON**

#### **1.1. Natural person name and surname**

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#### **1.2. ID number (unique personal identification number/passport number)**

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#### **1.3. Address (street and number, postal code and town, country)**

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#### **1.4. Telephone, e-mail address**

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#### **1.5. ETC DEVICE number and vehicle category**

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*Under criminal and material liability I confirm that all data stated in this Application form is true and I/we accept ARZ d.d. Standard terms and conditions for ARZ ETC device in full. By signing this Application form I/we confirm to be familiar with the content of Standard terms and conditions and I/we confirm that I/we have received them. I/we state to settle all expenses which arise by ARZ ETC device usage, in full. All specified details are considered confidential. I/we are authorizing ARZ to verify all mentioned details and gather additional information. I/we also accept that ARZ is entitled to refuse this Application form with no further clarification. I/we agree to ARZ having my unique personal identification number, or ID number, or passport and use it as means of identification, and use it on all ARZ records.*

#### **1.6 Date, place**

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#### **1.7. Signature of the natural person**

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### **2. User details - LEGAL PERSON**

#### **2.1. Full company name, name and surname of person authorized for representation**

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#### **2.2. Function of person authorized for representation, or contact person**

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#### **2.3. Company code, or ID number**

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#### **2.4. Address (street and number, postal code and town, country)**

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#### **2.5. Telephone, Fax, e-mail address**

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#### **2.6. ETC DEVICE number and vehicle category**

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#### **2.7. Signature of a person authorized for representation of the company**

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#### **2.8. Date, place**

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#### **2.9. Stamp**

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