



REQUEST

I hereby request the National Toll Payment Services Plc., on behalf of the company specified on the data sheet, to carry out the credit rating required for the post-payment of tolls.

Company's legal name:

Company's registered address:

Company's tax number:

Company's mailing address:

Contact person's name:

Contact person's phone number:

Contact person's e-mail address:

Date:

.....
authorized signature, stamp

Acknowledgement of receipt:

.....
authorized signature, stamp

Date:

National Toll Payment Services Plc.

Postal address: H-1138 Budapest, Pf.: 1170 | E-mail: postpaid@nemzetiutdij.hu | Call Center: +36 (36) 587-500
toll-charge.hu



ISO 9001 | ISO 14001 | BS OHSAS 18001
503/1349-1267 | KIR/201-177 | MEBIR/50-46

