

Agreement on the Supply of Documents under the Automatic Full-text Document Delivery System



Offer

Fachinformationszentrum Karlsruhe (FIZ Karlsruhe) offers an Automatic Document Delivery Service. This service provides the customer with the possibility of ordering documents at FIZ Karlsruhe by electronic mail. After receipt of the order, the system will automatically search an appropriate document supplier and transmit the order to this supplier. The ordered document will be delivered in the requested form directly to the ordering person. At the end of the billing period, an invoice comprising all document deliveries carried out by the individual suppliers will be sent to the customer by FIZ Karlsruhe. FIZ Karlsruhe's Terms and Conditions for use of the Automatic Document Delivery Service as described overleaf are part of this offer.

| Delivery Service as described overleaf | are part of this offer. | |
|---|---|--|
| 2. Order I hereby order access to the Au | utomatic Document Delivery Service | |
| LoginId(s) is (are) to be entere | ed 🔲 under a new Account or under Account No.: | |
| Name and First Name | | End User * Super User** Administrator*** |
| E-mail | | |
| Name and First Name | | End User * Super User** Administrator*** |
| E-mail | | |
| Name and First Name | | End User * Super User** Administrator*** |
| E-mail | | |
| Name and First Name | | End User * Super User** Administrator*** |
| E-mail | | |
| VAT-Number | | |
| *** Please check "Administrator" if you | ant to supervise your end users' orders. u want to customize the FIZ AutoDoc interaction within your corporate | e environment. |
| 2.1. Mailing Address for docur | ments: | |
| | | |
| Name and First Name | | Donartment |
| Name and First Name Name of Organisation | | Department Department |
| Name and First Name Name of Organisation Country Code and Post Code | Location | Number and Street / P.O. Box |
| Name and First Name Name of Organisation | | · |
| Name and First Name Name of Organisation Country Code and Post Code | Location Fax | Number and Street / P.O. Box |
| Name and First Name Name of Organisation Country Code and Post Code Telephone | Location Fax | Number and Street / P.O. Box |
| Name and First Name Name of Organisation Country Code and Post Code Telephone 2.2. Billing Address, if different | Location Fax nt from 2.1: | Number and Street / P.O. Box |
| Name and First Name Name of Organisation Country Code and Post Code Telephone 2.2. Billing Address, if different Name and First Name | Location Fax | Number and Street / P.O. Box E-mail |
| Name and First Name Name of Organisation Country Code and Post Code Telephone 2.2. Billing Address, if different Name and First Name Name of Organisation | Location Fax nt from 2.1: | Number and Street / P.O. Box E-mail Department |
| Name and First Name Name of Organisation Country Code and Post Code Telephone 2.2. Billing Address, if different Name and First Name Name of Organisation Country Code and Post Code Telephone | Location Fax nt from 2.1: 空白のままで結構です | Number and Street / P.O. Box E-mail Department Number and Street / P.O. Box E-mail |
| Name and First Name Name of Organisation Country Code and Post Code Telephone 2.2. Billing Address, if differer Name and First Name Name of Organisation Country Code and Post Code Telephone I a cept the Terms and Conditions As far as I act on behalf of an organisation | Location Fax nt from 2.1: 空白のままで結構です | Number and Street / P.O. Box E-mail Department Number and Street / P.O. Box E-mail |
| Name and First Name Name of Organisation Country Code and Post Code Telephone 2.2. Billing Address, if different Name and First Name Name of Organisation Country Code and Post Code Telephone I a tept the Terms and Conditions As far as I act on behalf of an organisation bocument Delivery Service. I agree with for statistical numoses | Location Fax The from 2.1: 空白のままで結構です Fax Fax So for the Automatic Document Delivery Service as described overleaf. tion, assure that I am entitled to do so and I declare my consent to F | Number and Street / P.O. Box E-mail Department Number and Street / P.O. Box E-mail |
| Name and First Name Name of Organisation Country Code and Post Code Telephone 2.2. Billing Address, if different Name and First Name Name of Organisation Country Code and Post Code Telephone I a tept the Terms and Conditions As far as I act on behalf of an organisation bocument Delivery Service. I agree with for statistical numoses | Location Fax The from 2.1: 空白のままで結構です Fax Fax For the Automatic Document Delivery Service as described overleaf. tion, assure that I am entitled to do so and I declare my consent to Fh the storage and processing of person-related data to be used for the access to the Automatic Document Delivery Service is requested | Number and Street / P.O. Box E-mail Department Number and Street / P.O. Box E-mail |