Supplier/Other Creditor Account Opening Form

Supplier Information

Name: _____

Adress: _____

Zip Code: _____ Municipality: _____

Phone: _____ Country: _____

Tax ID Number: _____ **Contact Name:** _____

E-mail: _____ Phone: _____

Note: Please provide the email address to which the payment receipts should be sent.

Banking Information

Bank: _____

SWIFT: _____

IBAN: _____

Note: Payments made by bank transfer require the submission of a valid IBAN confirmation issued by the respective bank.

GENERAL PAYMENT TERMS:

- Payment will be made in accordance with the terms and deadlines set forth in the respective Service Agreement.

Note: The information requested in this Supplier Form is essential to ensure the proper processing of payments and to prevent errors or omissions in the settlement of invoices.

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