

First registration*

Change (Customer no.): D

Company name and legal form*

Comm. Reg. No.*

VAT number*

Webshop/application URL*

Adress (Street, Zip code, City, Country)*

Programming language used

Choose customer password (information can only be provided when password is used)*

Shop system used*

CONTACT DATA

☐ Managing director / ☐ proprietor (mark the appropriate one)☐ Male ☐ Female

Name *

E-Mail*

Telephone*

Fax

Date of birth*

MAIN CONTACT PERSON

☐ see above

Position

☐ Male ☐ Female

Name *

E-Mail*

Telephone*

Fax

Date of birth*

MAIN CONTACT PERSON - ALTERNATIVE

☐ see above

Position

☐ Male ☐ Female

Name

E-Mail

Telephone

Fax

INTEGRATION PARTNER / PROJECT PARTNER

☐ see above☐ Male ☐ Female

Name*

Company*

Telephone*

Fax

E-Mail*

ACCEPTANCE CONTRACTS

Please mark the card company (acquirer) with which you have entered into an acceptance agreement for each card!

Card Complete	Visa	Mastercard	Maestro SecureCode	
Concardis	Visa	Mastercard	Maestro SecureCode	☐ SEPA-Lastschrift
Other acquiring partner	Visa	Mastercard	Maestro SecureCode	☐ SEPA-Lastschrift

If you have also chosen additional credit cards (Diners Club, American Express) or methods of payment, no further information is necessary.

The undersigned confirms that he/she is authorized to place this order and can properly dispose of the amount charged for these services. QENTA Payment CEE only provides support for software versions available for download at www.qenta-cee.at. The current version the of QENTA Payment CEE Standard Terms of Business shall apply (www.qenta.com/en/terms-and-conditions).

Place, Date	Signatory's name in block letters	Authorized and legally binding signature (Company stamp, signature)
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TYPE OF PAYMENT

Invoice

Invoice billing address:

SEPA direct debit mandate

QENTA Payment CEE GmbH
Reininghausstrasse 10, 8020 Graz
Telephone: +43 316 813681 | Telefax: +43 316 813681-1203
E-Mail: sales@qenta.com | www.qenta.com
CREDITOR-ID: AT85ZZZ00000068537

Billing address is equal to company address

Name (Account holder)

Billing address is as follows:

Address (Street, Zip code, City, Country)

IBAN

BIC

By signing this mandate form, I (we) authorize QENTA Payment CEE GmbH to send instructions to my (our) bank to debit my (our) account in accordance with the SEPA direct debits requested by QENTA Payment CEE GmbH. Note: I (we) are entitled to demand, within eight weeks, starting with the due date, a refund of the amount charged. The terms and Conditions agreed upon with my (our) financial institution apply.

Place, Date	Legally binding signature by the account holder
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