



Contract no. (to be completed by SIX)
Customer No. (to be completed by SIX)

Dispatch of e-bills

to SIX interconnect partner bill recipients

Order for activation

Order for activation

Company name _____

Participant no. (Paynet ID/PID) _____

First name, last name _____

Telephone/e-mail address _____ / _____

- The bill will be checked using the PDF in a workflow system.
- The bill is to be checked in an automated manner as far as possible using the structured data.

Information on your customers to whom you want to send e-bills

Bill recipient 1

Company name _____ For technical reasons, a maximum of 2 x 35 characters is supported in the configuration.

Address _____

Postal code, place _____ Country _____

Participant no.¹ _____ Provider² _____

Accounts payable no.¹ _____ (if requested by your bill recipient)

Accounts receivable no. _____ (if you as the biller are submitting with an accounts receivable no.)

Bill recipient 2

Company name _____

Address _____

Postal code, place _____ Country _____

Participant no. _____ Provider _____

Accounts payable no. _____

Accounts receivable no. _____

Bill recipient 3

Company name _____

Address _____

Postal code, place _____ Country _____

Participant no. _____ Provider _____

Accounts payable no. _____

Accounts receivable no. _____

¹You will receive the information directly from your customer.
²A list of SIX interconnect partners can be found at www.six-paynet.com/partner.

Please complete an additional form if you would like to activate more bill recipients.

Confirmation

We would like to send e-bills to the bill recipients listed above and instruct SIX Paynet AG to carry out the necessary configurations.

Date and location	Signature
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* First and last names in block capitals _____

Please send to:
 SIX Paynet AG, P.O. Box 1521, CH-8021 Zurich