



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

Receipt of e-bills

from SIX interconnect partner billers

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.

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Biller 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. _____ (if required by you in the notification)

Biller 2

Company name _____

Address _____

Postal code, place _____ Country _____

Participant no. _____ Provider _____

Accounts payable no. _____

Biller 3

Company name _____

Address _____

Postal code, place _____ Country _____

Participant no. _____ Provider _____

Accounts payable no. _____

¹You will receive the participant no. directly from your supplier.
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 billers.

Confirmation

We would like to receive e-bills from the billers listed above and instruct SIX Paynet AG to carry out the necessary configurations.

Date and location	Signature

* First and last names in block capitals _____

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