

Subscription form

Use this form to subscribe to the E-invoicing Platform.

Provider:

- < 250 employees € 1.000,-
 250 - 1.000 employees € 3.000,-
 > 1.000 employees € 5.000,-

End user:

- < 250 employees € 250,-
 250 - 1.000 employees € 500,-
 > 1.000 employees € 1.000,-

I'm not one of the above categories, but I'm interested in participating.

Organisation

Name: _____
Address: _____
Zipcode: _____ City + country: _____

Contact

Initial(s): _____ Lastname : _____ m / f
Functie: _____
Phone: _____
E-mailaddress: _____

Billing information

Name: _____
Address: _____
Zipcode: _____ City + country: _____
VAT number: | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ |

Invoice specific information (such as: IBAN, BIC, SEPA, PO number, Cost center)

Signing

By signing this form you agree to be the authorized representative of the organisation, that your organisation has been given the terms and conditions and agree with it's contents.

Name: _____
Date: _____
City: _____ Signature: _____