

AWV-Dr. Busse GmbH

Jößnitzer Str. 113, 08525 Plauen, Germany
Tel.: +49 3741 5507-60, Fax: +49 3741 523550
plauen@agrolab.de www.agrolab.de



Authorisation for SEPA Direct Debit B2B mandate

Dear Customer,

Thank you for taking advantage of the SEPA Direct Debit option.
Before completing the form, please ensure that you have selected the right form (either B2B or retail client).

Please ensure that all of your information is entered in the form! Please use your customer number as the mandate reference. Of course, your information will be treated in confidence!

Unfortunately, we are not able to accept incomplete SEPA mandates.

The SEPA Direct Debit B2B mandate must include legally binding signatures for the company; two copies of the form must be returned to us.

Please send **both** originals to the following address:

AWV-Dr. Busse GmbH
c/o Agrolab GmbH
Accounting Department
Jenaer Str. 1
84034 Landshut

We will forward the mandate to your bank. Following the activation of the SEPA Direct Debit B2B mandate, we will inform you of the amount and due date of an upcoming direct debit no later than one day before the due date.

We look forward to working with you, and thank you for your cooperation.

Do not hesitate to contact us if you have any questions regarding the Direct Debit authorisation.

Sincerely,

AWV-Dr. Busse GmbH
Accounting Department

AWV-Dr.Busse GmbH

Jößnitzer Str. 113, 08525 Plauen, Germany
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SEPA corporate direct debit mandate

Payee:

AWV-Dr. Busse GmbH
Jößnitzer Str. 113
08525 Plauen

Financial accounting

Payer:

I/We hereby authorise the above payee to withdraw payments from my/our account by way of direct debit transactions. At the same time, I/we instruct my/our bank to cash direct debit transactions that are drawn from my/our account by the aforementioned payee.

Payment type: Recurring payment

Please note: I/We may request a refund of the debited amount within a period of eight weeks, beginning on the date on which the amount was debited. The terms that have been agreed with my/our bank shall apply.

Creditor ID number: [DE16ZZZ00000375556](#)

Mandate reference:

Surname, first name (account holder)

Name of bank

Street address

BIC

Post code and town

IBAN

Country

e-mail address (to send out pre-notifications)

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I/We agree that the pre-notification period may be deduced to one day.

Moreover, I/we hereby engage AGROLAB Agrar und Umwelt GmbH, and in this context provide authorisation, that this mandate may be submitted to my/our bank noted above, and furthermore declare that the bank may charge applicable fees for processing the mandate to the aforementioned account.

Place

Date

Signature

AWV-Dr.Busse GmbH

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