AL-West B. V.

AGROLAB GROUP

Dortmundstraat 16 B, 7418 BH Deventer P.O. Box 693, 7400 AR Deventer, The Netherlands Tel. +31(570) 788 110, Fax +31(570) 788 108 e-Mail: info@al-west.nl, www.al-west.nl

Your labs. Your service.

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:

AL-West B.V. Dortmundstraat 16 B 7418 BH Deventer The Netherlands

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,

AL-West B.V. Accounting Department



SEPA corporate direct debit mandate

Financial accounting

Payee:

AL-West B.V. Dortmundstraat 16 B 7418 BH Deventer The Netherlands

Payer:

direct debit transactions. At	the same time, I/we inst	payments from my/our account by way of truct my/our bank to cash direct debit the aforementioned payee. □One-time payment
transactions that are withdra refund of the amount that ha	awn from corporate acco as been applied once it	to the collection of direct debit advice bunts. I am / We are not entitled to demand a has been cashed. I am / We are entitled to lebit transactions up to the due date.
Creditor ID number: Mandate reference:	NL46ZZZ0811	08980000
Name of company (account holder)		Name of bank
Street address		Street address (bank)
Post code and town		Post code and town (banks)
Country		BIC
		IBAN
e-mail address (to send out pre-notific	rations)	
I/We agree that the pre-noti	fication period may be r	educed to one day.
that this mandate may be	submitted to my/our b	d in this context provide authorisation, eank noted above, and furthermore es for processing the mandate to the
Place	Date	Signature

SEPA corporate direct debit mandate

Financial accounting

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Name of company (account holder)		Name of bank
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Post code and town		Post code and town (banks)
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