

Authorisation to provide
access to Cofanet

Registration by letter or telefax +43/1/515 54-50292

To Coface Austria Kreditversicherung AG
Stubenring 24
1010 Vienna

In accordance with the *General Terms for the Use of Cofanet* (online application of Coface Austria) by third parties, we hereby authorise Coface Austria Kreditversicherung AG to enable the person designated below as well as other persons authorised by this designated person to access electronic data in Cofanet (in particular, information on credit applications/limits). We understand that we may revoke this authorisation at any time.

Authorised person:

Company name _____

Registered address _____

e-mail _____

Policy No.: a) _____

b) _____

c) _____

d) _____

Date

Authorised signature