Fagron GmbH
SEPA Direct Debit Mandate

Forgot payments, received reminders, paid reminder fees, administrative effort?
You can avoid this by participating in the SEPA Direct Debit scheme!

Simply complete this form and return it to the following address:
Fagron GmbH, Wilhelm-Bergner-Straße 11 g, 21509 Glinde,
by **Fax: 00800 - 44 55 9000** or by **E-mail to buchhaltung@fagron.de**

Creditor identifier:	**DE72ZZZ00000887775**
Mandate reference:	**XXX** (customer no.)
Collected by:	**ING Commercial Finance** **DE54 5002 1000 4110 1145 02**

Customer name: _____ Customer no. (mandate reference): _____

Street/ZIP/City: _____

Fax number: _____ E-mail: _____

VAT ID/Tax no.: _____

Account holder: _____

Bank: _____

BIC: _____ IBAN: _____

I/We hereby authorise Fagron GmbH, revocably, to collect the payments due from deliveries when due from my/our current account by SEPA Direct Debit. At the same time, I/we instruct my/our bank to honour the direct debits drawn by Fagron GmbH on my/our account.

Note: I/We may request a refund within 8 weeks, starting from the debit date, of the amount debited. The terms and conditions agreed with my/our bank apply.

Place, date: _____ Signature of account holder, company stamp: _____

Fagron GmbH
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D-21509 Glinde

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Fagron
personalizing medicine