

Authentication Form

Company Name	
First name, last name	
<i>(if applicable)</i> Name of the former employee	
Name of the person requesting access to the Admin Interface	
Email of the person requesting access to Admin Interface	
Purchase contract number	
Settings ID	
if available: Chargebee Subscription number	
if applicable: statutory declaration	
in case of Company change: Commercial register excerpt	

I hereby confirm that the above-mentioned employee shall have access to our company's Admin interface.

Place, Date, Signature of contact partner

Company stamp