

Authentication Form

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

I hereby confirm that I am authorised to request access to the Admin Interface concerning the above-mentioned company.

Place, Date, Signature of contact partner

Company stamp