



Register by letter or telefax +43/1/51554 –50305

To
 Coface Austria Kreditversicherung AG
 Stubenring 24
 1010 Vienna

DATA ON COMPANY

Company name _____

Street, Number _____

Postal code _____ City _____

e-Mail _____

We hereby apply for access to the Cofanet online service of Coface Austria in accordance with the General Terms and Conditions for Use of Cofanet. The following policies will be covered:

POLICY NUMBER

- a) _____
- b) _____
- c) _____
- d) _____

We hereby authorise the following persons to use Cofanet, each with a separate password, and also authorise these persons to file credit applications:

Name	e-Mail	Authorisation for Policies

 Place, Date

 Authorised Company Signature