

Declaration of approval to receive electronic invoices

Company:

Address:

VAT-ID.:

Customer Number:

Contact Person:

E-mail address to receive electronic invoices :

.....

.....
Place, Date

.....
Signature and company stamp

Please send the filled out and signed form per E-mail to: accounting@cadt-solutions.com.

For more information about our privacy practices, please visit our [website](#).
You agree that we may process your information in accordance with these terms.



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