

Please per FAX to: +43(0)1 2533 0338 238 or upload it under <http://www.pet-needs.com/uploadwsc/default.asp>, or send it via post to our address as stated below.

Authorization to collect bills by means of direct debit

Given by:

First name and SURNAME/ Company

Street and House number

Post code / City

Given to:

Fa. Pascal Gianpietro Georges ZOTTO (Pet-Needs)
Reindorfgasse 9/2/R2
A-1150 Vienna

With this document I/ we give your company a revocable title for debiting all claims against us from my/ our bank account mentioned below. If there should not be enough funds on my/ our account, the account-holding bank does not have the obligation to honour the payment. Partial payments are not admitted via direct debit.

My bank account is:

Account holder

Bank

Bank sort code

Account number

City / Date / Signature