



AUTHORIZATION FOR BANK DOMICILIARY SERVICES
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I hereby empower the Bank mentioned below, to debit my bank account, if its situation so allows, and to pay the Creditor below, all invoices that INCONET-DATA MANAGEMENT SAL presents for collection. The Bank is also allowed to make any necessary foreign currency conversions in order to make the payments. If a charge is made to my account in error, I will receive a credit for the amount due after bringing it to the attention of Inconet-Data Management sal.

DEBTOR

Name and Surname : _____

Address : _____

Telephone : _____ FAX _____

Signature of the Debtor : _____ Date : _____

BANK HOLDING THE ACCOUNT OF THE DEBTOR

Bank : _____

Branch : _____

Account Number : _____

Account Name : _____

Approval and stamp of the Bank holding the account : _____