



Cash & Carry

Customer number: _____

Company name: _____

Street address: _____

Post code and place: _____

Country: _____

Subsequent identification of further parties entitled to effect purchases (EU)

I hereby authorise Mr/Ms

First name: _____ Position: _____

Surname: _____ ID number: _____

to effect purchases from METRO Cash & Carry Österreich GmbH on behalf of the company specified above.

Signature of the authorising party
effect purchases

Signature of the party entitled to

Place, date _____

Name of the authorising party: _____

Position of the authorising party (owner or MD): _____

Please note that the scanned form, along with colour scans of the IDs of the owner or MD and of the party entitled to effect purchases, are to be sent to the head office for information purposes.