

# Written consent for participation in E-Billing process



## Private Person (please fill in here)

First- and Last Name	
Your Fraport AG customer number	
Email Address	
Telephone	
Street Name & Number	
Postcode, Place, Country	

## Company (please fill in here)

Company Name	
Your Fraport AG customer number	
Contact Person	
Email Address	
Telephone	
Street Name & Number	
Postcode, Place, Country	

## Please check one variant:

Original (PDF) by e-mail (unzipped)

Original (PDF) by e-mail (zipped)

Each invoice/credit note as PDF file shall be sent to the following e-mail address (max. 3 e-mail addresses possible):

E-mail address	
First Name/Last Name	
Telephone	

E-mail address	
First Name/Last Name	
Telephone	

E-mail address	
First Name/Last Name	
Telephone	

Statutory and fiscal law provisions of the country concerned must be observed! FCS Frankfurt Cargo Services GmbH assumes no liability or responsibility here whatsoever.

First Name/Last Name of authorized signatory

Date

Place

Signature

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Please send us your written consent to [billing@fcs.wfs.aero](mailto:billing@fcs.wfs.aero)