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Sender			
Company name			
VAT No.			
Street			
Zip code city			
Country			
Contact person			
Telephone			
E-Mail			
Bank account			
Bank			
IBAN			
BIC			
Account holder name			
Compensation			
Please select from the tw	o options below		
Please transfer mone	ey to the above mentioned accou	nt	
I want to donate the	whole amount		
I confirm that I have supplied the printer cartridges/toner cartridges in accordance with the current purchase lis			
	egislation applies depending on the		he credit.
City, date	the terms and conditions of purch	se. Signature	
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