|  |  |  |
| --- | --- | --- |
| **Registration Form of the Bank Data for Vendor** | | |
|  | | |
| **Company Information** | | |
| **Corporate Name** |  | |
| **Postal Code** |  | |
| **FINANCIAL Contact** | | |
| **Name** |  | |
| **Telephone** |  | |
| **E-mail** |  | |
| **Bank Information (bank where the company intends that credit is made)** | | |
| **IMPORTANT: Payment Condition - According to the commercial agreement.**  **Payment occurs only on the 2nd and 15th of each month.** | | |
| **Beneficiary:** | |  |
| **Bank Name:** | |  |
| **Bank Address:** | |  |
| **Bank Country:** | |  |
| **Account Number:** | |  |
| **Swift code:** | |  |
| **IBAN:** | |  |
| **Information:** | |  |

**WE DECLARE THAT THE BANKING DATA INFORMED IS FROM OUR COMPANY AND WE ARE AWARE THAT SCHAEFFLER WILL TRANSFER THE PAYMENT ONLY TO THIS ACCOUNT.**

|  |  |
| --- | --- |
| **Name:** | **Signature :** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**IMPORTANT:**

**In additional to this form, it is necessary to send The BANK'S LETTER to confirm your company’s bank account number.**