

AUTHORIZATION FOR PAYMENT BY
ELECTRONIC BANKING



Headquarters	<input type="checkbox"/> Zona Franca	<input type="checkbox"/> Ágora	<input type="checkbox"/> S. A. S
BENEFICIARY (PROVIDER) INFORMATION			
Full Name or Company Name:			
Tax Identification Number (NIT)			
Name of the Legal Representative			
Address			
Telephone and Fax			
E-mail (For payment notification)			
Bank where you have the account			
Account Type			
Account Number			

Important
<ul style="list-style-type: none">• The Account holder must be the same payee as listed on the invoice.• Please attach a certificate form the bank stating the existence of such account and a photocopy of the RUT/ W-9.

Legal Representative Signature