



COLLECTION SERVICE PROVIDER
 BUSINESS INFORMATION SERVICES
 INSOLVENCY REPRESENTATION
 MANAGEMENT OF TRUSTEESHIP
 BUSINESS CONSULTANCY

Schleifmühlgasse 2
 1040 Wien

Tel. 05 04 100-0

AKV-APPLICATION FOR MEMBERSHIP

// Please send your duly completed AKV-APPLICATION FOR MEMBERSHIP either by fax to (+43) (0) 5 04 100 – 1522, by e-mail to anmeldung@akveuropa.at or by regular mail.

CONTACT INFORMATION / CORPORATE DATA			
Off. Company Stamp			
Company Name			
Commercial register			
Address			
Phone		Mobile	
Fax		Website	
E-mail			
VAT Reg. No.			
IBAN			
Bank Identifier Code			
CONTACT PERSON			
Title		First Name	Last Name
Date of Birth		E-mail	
Phone		Mobile	



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I hereby order access to the AKV ONLINE SERVICES free of charge

CONTACT INFORMATION / CORPORATE DATA	
Company Name / Contact Person	
Username <i>min. 7, max. 12 letters, no special characters</i>	
E-mail <i>Password will be sent to this address</i>	

// You will receive your login details for AKV **ONLINE** within the next few days. Due to security reasons we highly recommend to change the password after signing in the first time.

// For further questions concerning the **ONLINE**-access the helpdesk of our data center will be pleased to assist you on the telephone under +43 (0) 5 04 100 extention 1230 or 1240.

I hereby order the weekly “AKV Information” (fees will apply)

E-mail <i>Password will be sent to this address</i>	
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// I, the undersigned, do hereby declare my association pursuant to join as a member of AKV EUROPA – *Alpenländischer Kreditorenverband*, in accordance with the statutes listed in the business conditions. With my signature I do confirm on behalf of the company, to accept the Terms & Conditions of AKV EUROPA in the current applicable version, which can be found at www.akv.at.

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Place, Date

.....
Authorized Signature / Official Company Stamp