



Contract no. (to be completed by SIX)
Customer No. (to be completed by SIX)

Receipt of e-bills

from SIX interconnect partner billers

Order for activation

Information on your company

Company name _____
 Participant no. (Paynet ID/PID) _____
 First name/Last name _____
 Telephone/e-mail address _____ / _____

Information on your suppliers from whom you want to receive e-bills

Biller 1

Company name _____
 Address _____
 Post code, town/city _____ Country _____
 Participant no.¹ _____ Provider² _____

For technical reasons, a maximum of 2x35 characters is supported in the configuration.

Biller 2

Company name _____
 Address _____
 Post code, town/city _____ Country _____
 Participant no. _____ Provider _____

Biller 3

Company name _____
 Address _____
 Post code, town/city _____ Country _____
 Participant no. _____ Provider _____

Biller 4

Company name _____
 Address _____
 Post code, town/city _____ Country _____
 Participant no. _____ Provider _____

¹You will receive the participant no. directly from your supplier.
²A list of SIX interconnect partners can be found at www.six-paynet.com/partner.

Please complete an additional form if you would like to activate more billers.

Confirmation

We would like to receive e-bills from the billers listed above and instruct SIX Paynet AG to carry out the necessary configurations.

Place, date _____

Signature _____ Last name, first name
(written in block capitals)

Please send to:
 SIX Paynet Ltd, P.O. Box 1521, CH-8021 Zurich