

*Written consent for participation  
in E-Billing process*



**Private Person (please fill in here)**

First- and Last Name	
Your Fraport AG customer number	
Email Address	
Telephone	
Street Name & Number	
Postcode, Place, Country	

**Company (please fill in here)**

Company Name	
Your Fraport AG customer number	
Contact Person	
Email Address	
Telephone	
Street Name & Number	
Postcode, Place, Country	

We hereby confirm that we agree to receive invoices/credit notes from Fraport AG (except invoices/credit notes relating to Medical Services) in electronic form. We would like to receive them as follows:

**Please check one variant:**

Original (PDF) by e-mail (unzipped)

Original (PDF) by e-mail (zipped)

Each invoice/credit note as PDF file shall be sent to the following e-mail address (max. 3 e-mail addresses possible):

E-mail address	
First Name/Last Name	
Telephone	
E-mail address	
First Name/Last Name	
Telephone	
E-mail address	
First Name/Last Name	
Telephone	

Statutory and fiscal law provisions of the country concerned must be observed! Fraport AG assumes no liability or responsibility here whatsoever.

First Name/Last Name of authorized signatory	Date	Place	Signature

**Please send us your written consent to [fraport.ebilling@fraport.de](mailto:fraport.ebilling@fraport.de)**

In case of any further questions, please contact:

[fraport.ebilling@fraport.de](mailto:fraport.ebilling@fraport.de)