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**ÖFFNUNGSZEITEN – TÄGLICH 9:30 – 24:00 UHR**

## **Cost absorption declaration**

Company:

Contact Person:

Street:

Zip code:

City:

Corresponds to the **correct and complete** billing address

E-Mail-address for invoicing (e-bill)

For the event on:

Order number:

Number of persons:

We shall bear the costs of the above-mentioned event / reservation incurred on the evening of the event and at the same time agree to the General Terms and Conditions without exception.

The following individuals are individually authorized to authorize the order on site and to check and confirm the invoice: Authorized to sign (1): \_\_\_\_\_

Authorized to sign (2): \_\_\_\_\_

We guarantee that an authorized signatory will check and confirm the invoice immediately after the event. If the authorized representatives leave the event without prior invoice verification, the invoice shall be deemed to have been accepted.

Payment agreement:

The total invoice amount will be paid to the specified account within 10 calendar days after the event.

We authorize Augustiner Klosterwirt GmbH to debit the total invoice amount from our account:

Account holder: \_\_\_\_\_ Credit institution: \_\_\_\_\_

IBAN: \_\_\_\_\_

BIC: \_\_\_\_\_

**REQUIRED:**

Credit card: \_\_\_\_\_

Credit card No.: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Name of the cardholder: \_\_\_\_\_

\_\_\_\_\_  
Place, date

\_\_\_\_\_  
legally valid signature, company stamp