



Cost absorption declaration

Company:
Contact Person:
Street:
Zip code:
City:

For the event on:

Order number:

Number of persons:

Room:

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