

Special authorisation

I as owner* / I as legal representative* of the company hereby grant special authorisation to Ms/Miss/Mrs/Mr to collect the ordered goods (please indicate name, type and quantity of items) from company

.....
Date

.....
Signature

* please delete as appropriate

Stand: January 2011

This form is was **drafted in conjunction with all Austrian Regional Chambers of Commerce.**

If you have any questions, please contact your local chamber of commerce:

Burgenland, Tel.: 0590 907-0, Carinthia, Tel.: 0590 904-0,

Lower Austria Tel.: (02742) 851-0, Upper Austria, Tel.: 0590 909-0,

Salzburg, Tel.: (0662) 8888-0, Styria, Tel. Nr.: (0316) 601-0, Tyrol, Tel. Nr.: 0590 905-0

Vorarlberg, Tel.: (05522) 305-0, Vienna, Tel.: (01) 514 50-0,

N.B. This information is also available online at <http://www.wko.at/steuern>

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