

Disclosure authorisation with password governing information by telephone for business customers

The full, legally binding company name and address of the registered office must be indicated as per the commercial register entry or equivalent documents.

Company name _____ _____	Address of registered office
	Street/no. _____
In the Commercial Register since _____ (hereinafter referred to as the "Principal")	Postal code/city _____
	Country _____

The undersigned Principal herewith authorises any person calling Viseca Payment Services SA (hereinafter referred to as "Viseca") who is able to correctly quote the following password

Password _____

(hereinafter referred to as the "Authorised Disclosure Agent") to legally represent the Principal with respect to Viseca as follows: The Authorised Disclosure Agent is authorised to obtain information available from Viseca concerning client data, invoice details, limits, transactions and objections thereto, and all correspondence. The Authorised Disclosure Agent is also authorised to block cards if they are lost or stolen. The Principal certifies and acknowledges the validity of this password until it is replaced by a new password or revoked in writing. The Principal expressly consents to the information stipulated here being disclosed to any person who is able to quote the currently valid password. The Principal is solely responsible for seeing to it that only persons authorised by the Principal have access to the password. Viseca does not assume any responsibility whatsoever for improper use or abuse of the password. The password indicated in this disclosure authorisation governing information by telephone shall replace any password previously so specified.

It is expressly stipulated that this disclosure authorisation governing information by telephone shall remain in force even in the event of the Principal's bankruptcy (Swiss Code of Obligations Art. 35).

This Power of Attorney is governed by Swiss law, which shall also determine the validity of the applicable law chosen by the contracting partners. The Principal and the Authorised Disclosure Agent recognise as the **exclusive place of jurisdiction the courts at the location of the Viseca branch**. However, Viseca is also entitled to exercise its legal rights in any other competent jurisdiction.

The Principal:

Place/date

Place/date

First name/last name of authorised signatory* (capital letters only)

First name/last name of authorised signatory* (capital letters only)

Legally valid signature (joint signature if required)

Legally valid signature (joint signature if required)

* It is **mandatory** that a signed copy of the official identification document (front and reverse) of the **Principal** be submitted (if joint signatures are required, for both authorised signatories).

Company stamp of Principal

**Complete and sign the form and mail it along with the required identification documents to the following address:
Viseca Payment Services SA, Hagenholzstrasse 56, P.O. Box 7007, 8050 Zurich.**