

# Request for e-invoices

## Request for e-invoices

Your customer is using the e-invoicing service at Palette Software & Consulting to receive invoices electronically and wishes to find out if you can send e-invoices to them.

### Your customer

<b>Company name</b>	<b>Name of contact</b> Mariana Andersson
<b>Address</b>	<b>Phone</b> 0046 31 858344
<b>Post code, City</b>	<b>Cell phone/mobile</b> 0704 858344
<b>Country</b>	<b>Fax</b>
<b>Organizational number/VAT ID (both if existing)</b>	<b>E-mail address</b> mariana.andersson@stenaline.com

This document is used by the customer to inventory the capabilities of their suppliers to send e-invoices. They will decide on the possible introduction of e-invoices from you, based on your answers. We therefore ask you to answer the questions below and send the completed form to the e-mail address above.

Note that the form must be completed on your computer and not as a printed copy due to some of the questions where the answer is chosen from a drop down list.

Thank you for participating.

# Request for e-invoices

## 1 Are you able to send e-invoices?

<b>Are you able to send e-invoices?</b> (mark answer with x) Yes <input type="checkbox"/> No <input type="checkbox"/>	If your answer is Yes, please continue with the following questions. If your answer is No, proceed to section 4
<b>The customer's specific demands of invoices</b>	
<b>Can you fulfill the specific demands stated on the line above?</b> (mark answer with x) Yes <input type="checkbox"/> No <input type="checkbox"/> Partly <input type="checkbox"/> Comment	
<b>Can you participate in an introduction of e-invoices to your customer in the near future?</b> (mark answer with x) Yes <input type="checkbox"/> No <input type="checkbox"/> we can start at the earliest (date yyyy-mm-dd):	
Comment, if any	

## 2 Information on the sender of invoices/the supplier

<b>Company name</b>	<b>Name of contact</b>
<b>Address</b>	<b>Telephone</b>
<b>Post code, City</b>	<b>Cell phone/mobile</b>
<b>Country</b>	<b>Fax</b>
<b>Organizational number/VAT ID</b> (both if existing)	<b>E-mail address</b>
<b>E-mail address for receiving error messages</b> ( <i>This is to where Palette will send information if any of your invoices are to be stopped</i> )	

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## 3 Information about how you send e-invoices

Only fill out the option that applies to your company. Leave the other option blank.

### We send e-invoices as follows

<b>Option 1 We send e-invoices using a VAN (EDI operator/EDI service/e-invoicing service)</b>	
<b>VAN – chose from the list</b> VAN not listed	
<b>If VAN is not found in the list above, please enter the name here</b>	
<b>Contact information at VAN</b>	
<b>Name of contact 1</b>	<b>Name of contact 2</b>
<b>Telephone</b>	<b>Telephone</b>
<b>Cell phone/mobile</b>	<b>Cell phone/mobile</b>
<b>E-mail address</b>	<b>E-mail address</b>
<b>Other information, if any</b>	<b>Other information, if any</b>

<b>Option 2 We send our e-invoices without the use of a VAN</b>	
<b>Communication</b> Select from list	<b>Electronic identifier (UNB/GLN/EDI address)</b>
<b>Other way of communicating, if not found in list above</b>	<b>Format of message and version (ex. EDIFACT, Svefaktura)</b>
<b>Communication parameters</b>	<b>Other information, if any</b>
<b>Contact information for technical questions</b>	
<b>Name of contact 1</b>	<b>Name of contact 2</b>
<b>Telephone</b>	<b>Telephone</b>
<b>Cell phone/mobile</b>	<b>Cell phone/mobile</b>
<b>E-mail address</b>	<b>E-mail address</b>
<b>Other information, if any</b>	<b>Other information, if any</b>

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## 4 If you are not able to send e-invoices today

<b>Do you at the present time have any plans regarding e-invoices in the future?</b> Yes (mark answer with x) <input type="checkbox"/>
<b>Please describe your plans briefly</b>
<b>No (mark answer with x) <input type="checkbox"/></b>
<b>Other comment, if any</b>