

# **SEPA Direct Debit Mandate** (SEPA-Lastschriftmandat) for SEPA Core Direct Debit Scheme / für SEPA-Basis-Lastschriftverfahren

*Creditor's Name & adress (Gläubiger/Debtee)*

Oskar Lehmann GmbH & Co. KG  
Alte Chaussee 59 – 70  
32825 Blomberg  
Deutschland

**Recurrent Payments /  
Wiederkehrende Zahlungen**

*CI/Creditor Identifier (Gläubiger-Identifikationsnummer)*

DE3300100000070961

*Mandate reference (Mandatsreferenz)*

## **SEPA Direct Debit Mandate**

I / We authorize the **Oskar Lehmann GmbH & Co. KG** to collect payments from my / our account by direct debit. The direct debit will done 14 days after the date of invoice less 3% cash discount.

I / We also instruct our bank to redeem the direct debit by the **Oskar Lehmann GmbH & Co. KG**.

*As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks starting from the date on which your account was debited.*

*Name of debtor / Kontoinhaber*

*Street name and number / Straße, Hausnummer*

*Postal code and city / PLZ, Ort*

*Country / Land*

\_\_\_\_\_  
*Credit institution / Kreditinstitut*

\_\_\_\_\_  
*Swift BIC / BIC*

|\_\_\_\_\_| |\_\_\_\_\_| |\_\_\_\_\_| |\_\_\_\_\_| |\_\_\_\_\_| |\_\_\_\_\_| |\_\_\_\_\_|  
*Account number-IBAN / IBAN*

\_\_\_\_\_  
*Location; date / Ort; Datum  
Firmenstempel; Unterschrift*

\_\_\_\_\_  
*company stamp; Signature(s) /*