

*Letter of Acceptance for electronic invoicing*

<b>General Company Data</b>	
Company name:	
Address:	
Postal code, city:	
Your Zimmer Biomet vendor number:	

<b>Your Finance contact for our Zimmer Biomet Accounting department</b>			
Name:			
E-mail:		Phone Number:	

<b>Your Sales contact for our Zimmer Biomet Purchasing department</b>			
Name:			
E-mail:		Phone Number:	

<b>Order e-mail - The e-mail address where you wish to receive our order confirmation</b>	
E-mail:	

<input type="checkbox"/>	Herewith we confirm that we will send our invoices electronically under consideration of the given requirements, effective immediately.
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Our invoices will be sent from the following sender address(es):		
<b>Mailbox 1</b>	<b>Mailbox 2</b>	<b>Mailbox 3</b>

<b>Name/Function of the authorized person:</b>	
<b>Date:</b>	<b>Place:</b>

Please return the completed letter of acceptance by e-mail to [AP.VMD@zimmerbiomet.com](mailto:AP.VMD@zimmerbiomet.com) and [Xflow.Helpdesk@zimmerbiomet.com](mailto:Xflow.Helpdesk@zimmerbiomet.com) or your Zimmer Biomet business partner.

This document is valid without a signature.