

**APPENDIX 7b – APPLICATION FOR REIMBURSEMENT
for non-military vehicles of more than 3.5 t GVW in the scope of PfP-SOFA**

APPLICATION NUMBER: (to be filled out by ASFINAG!)	
APPLICATION	
<u>Page 1</u>	
according to section 5 (1)(3) Federal Road Tolls Act and section 3.3.1 Tolling Regulations Part B for the reimbursement of the accounted distance-related toll	
I / we apply for the reimbursement of the accounted time-related toll for the following vehicle. I / we confirm, that the vehicle was used within the meaning of section 3.3.1, third subparagraph, Tolling Regulations Part B.	
1. TIME OF THE TRIP	
Date of the single trip:	Time of the trip: from till
Distance covered (motorway junctions from - till):	
2. INFORMATION ABOUT THE VEHICLE	
Nationality / Vehicle registration number: /	
Vehicle type / number of axles: /	
GO-Box number (if known):	
3. INFORMATION ABOUT THE VEHICLE'S REGISTERED OWNER	
First and last name (company name): /	
Address:	
Contact person:	
Phone / Fax / E-mail: / /	
4. BANK DETAILS OF THE REGISTERED OWNER OF THE VEHICLE	
Bank:	
Bank code number (BIC / SWIFT Code):	
Bank account number (IBAN):	
Please ask for these details (BIC/SWIFT and IBAN), if not already known, at your bank.	
5. ATTACHMENTS	
To ensure proper processing of your application, the following documents are to be attached to the application form:	
<ul style="list-style-type: none"> • NATO-form (EUFOR, KFOR, US ARMY, ...), military way-bills or similar, which fit exactly to the vehicle registration number and show the correct date. • Pre-pay receipt for pre-pay GO-Boxes • if applicable receipts for retroactive payments 	
The completed and duly signed form is to be sent by post or by fax to: ASFINAG Maut Service GmbH, Am Europlatz 1, A-1120 Wien Fax: 0043 1 955 12 77	
<p align="center">..... Location, date</p>	<p align="center">..... (Signature of the registered owner of the vehicle)</p>

Nationality / Vehicle registration number: /

APPLICATION

Page 2

according to section 5 (1)(3) Federal Road Tolls Act and section 3.3.1 Tolling Regulations Part B for the reimbursement of the accounted distance-related toll

TIME OF FURTHER TRIPS

Date of the (single) trip: Time of the trip: from till

Distance covered (motorway junctions from - till):

Date of the (single) trip: Time of the trip: from till

Distance covered (motorway junctions from - till):

Date of the (single) trip: Time of the trip: from till

Distance covered (motorway junctions from - till):

Date of the (single) trip: Time of the trip: from till

Distance covered (motorway junctions from - till):

Date of the (single) trip: Time of the trip: from till

Distance covered (motorway junctions from - till):

Date of the (single) trip: Time of the trip: from till

Distance covered (motorway junctions from - till):

Date of the (single) trip: Time of the trip: from till

Distance covered (motorway junctions from - till):

Date of the (single) trip: Time of the trip: from till

Distance covered (motorway junctions from - till):

Date of the (single) trip: Time of the trip: from till

Distance covered (motorway junctions from - till):

Date of the (single) trip: Time of the trip: from till

Distance covered (motorway junctions from - till):

Date of the (single) trip: Time of the trip: from till

Distance covered (motorway junctions from - till):

.....
Location, date

.....
(Signature of the registered owner of the vehicle)