

APPENDIX 7a – APPLICATION FOR REIMBURSEMENT for non-military vehicles up to 3.5 t GVW in the scope of PfP-SOFA

APPLICATION NUMBER(to be filled out by ASFINAG!)	
APPLICATION according to section 5 (1)(3) Federal Road Tolls Act and section 1.3.3.1, third subparagraph, Tolling Regulations Part A for the reimbursement of the accounted time-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 1.3.3.1, Tolling Regulations Part A I.	
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 / license plate number:	/
Vehicle type:	
3. INFORMATION ABOUT THE VEHICLE'S REFirst and last name (company name):	GISTERED OWNER
Address:	
Contact person:	
Telephone no. / Fax no. / E-mail:	/
4. BANK DETAILS OF THE REGISTERED OWN Bank:	IER OF THE VEHICLE
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, th application form:	-
 NATO-form (EUFOR, KFOR, US ARMY), militare plate number and show the correct date. 	ry way-bills or similar, which fit exactly to the license
The completed and duly signed form is to be sent b $$	
ASFINAG Maut Service GmbH, Schnirchgasse 17, 1030 Wien, Austria Fax: +43 1 955 1277	
Location, date	(Signature of the registered owner of the vehicle)