

Eurocard Purchasing Account

Arrangement number (internal)

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Company information

Company ID number		Employment number/Reference	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Full name of the company			
<input type="text"/>			
Account name (eg. department, cost centre, projectname)			
<input type="text"/>			
Billing address			
<input type="text"/>			
Postcode	City	Telephone number (including area code)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Delivery address			
<input type="text"/>			
Postcode	City		
<input type="text"/>	<input type="text"/>		
Preferred invoice payment period			
<input type="checkbox"/> 10 days	<input type="checkbox"/> 20 days	<input type="checkbox"/> 30 days	<input type="checkbox"/> According to existing agreement
Pricelist available at eurocard.com			

Administrator information

Surname		First name	
<input type="text"/>		<input type="text"/>	
Personal ID No.		Mobile phone number (including country code)	
<input type="text"/>		<input type="text"/>	
Email address			
<input type="text"/>			

FOLD
HERE

Signature

If a signatory lacks a Nordic social security number, a copy of the signatory's passport must be attached with the address details in the country of residence.

We hereby apply for Eurocard Purchasing Account and we confirm that the given information is correct and that we are liable for all claims arising from use of Eurocard Purchasing Account. We have accepted the Eurocard Purchasing Account terms and conditions and confirm that also all administrators have received the terms and conditions. As part of the credit assessment Eurocard is hereby authorized to obtain information from other sources. We hereby confirm that administrators are aware that their personal data can be disclosed to Eurocard as a part of the application process and that they agree that their personal data may be processed and transferred by Eurocard in accordance with the terms and conditions.

Date	Authorized company signature		
<input type="text"/>	<input type="text"/>		
Printed name	Personal ID No. *		
<input type="text"/>	<input type="text"/>		<input type="text"/>
Printed name	Personal ID No. *		
<input type="text"/>	<input type="text"/>		<input type="text"/>

* If a signatory lacks a Nordic social security number, a copy of the signatory's passport (certified by another person, by writing name, signature and telephone number) together with the address details in the country of residence must be attached.

Send your application to:
SEB Kort/Application, Box 50 720,
202 70 Malmö

**Important! Please attach a copy of
"Declaration of Beneficial Ownership"**

148	AFN code
<input type="text"/>	<input type="text"/>

ECF



Eurocard is issued by
SEB Kort Bank AB
Business ID 556574-6624

eurocard.com