

Eurocard Purchasing Account

Arrangement number (internal)

Company information

Company ID number

Employment number/Reference

Full name of the company

Account name (eg. department, cost centre, projectname)

Billing address

Postcode

City

Telephone number (including area code)

Delivery address

Postcode

City

Preferred invoice payment period

☐ 10 days

☐ 20 days

☐ 30 days

☐ According to existing agreement

Pricelist available at eurocard.com

Administrator information

Surname

First name

Personal ID No.

Mobile phone number (including country code)

Email address

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.

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

Printed name

Personal ID No. *

Printed name

Personal ID No. *

* 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

AFN code

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ECF



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

eurocard.com

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