



First Card

Company agreement

Travel account Corporate liability cards Personal liability cards

To order/apply for cards to your employees, please find the appropriate forms on firstcard.se

To be filled in by FC

FC customer no.

Travel agent cust. no.

FC agreement's ID

Company's name in full			
Company name embossed on cards (max 26 block characters, including spaces), only applicable to corporate liability cards		Company's corporate identification number	
Address			
Post code	Postal address	Telephone	
Invoice address, if other than above			
Contact person within the company	Telephone	Invoice recipient name	Telephone
Company's operations	Year of establishment	Estimated number of cards	Number of employees
Annual turnover			
If applicant is a subsidiary, state parent company's name			Parent company's corporate ID. no.
Bank	Branch office	Contact person within the bank	Telephone

Payment terms and invoice model (Payment term i.e. the period from invoice date to due date)

PERIOD Monthly invoice, 15 days payment Two invoices/months, 20 days payment Weekly, 25 days payment
 Monthly invoice, 30 days payment (SEK 150 extra/card or according to offer)

INVOICE MODEL (company card and/or travel account)

MODEL 1 One invoice for the entire company In addition, separate specifications per cost centre (attach list)
 MODEL 2 One invoice per cost centre (attach list)
 MODEL 3 One invoice per each cardholder All travel purchases on a separate invoice

Method of payment (Only one choice is possible)

Payment slip Direct debit (the space below must be filled in)

Bank	Clearing number	Bank account number
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Company's travel agency (specified in connection with application for First Card Travel Account)

Company's travel agency	Estimated travel volume SEK/year
Travel agent's address and location	

A special form for new customers, as well as a certified copy of valid ID (mandatory)

On the following pages of this application is a separate form that all new customers must fill in. We ask you also attach attested/certified copy of the ID of the applicant signing the application and customer form. This is mandatory for us to process the application.

Company signature

We confirm that everything entered into this form is correct and complete, and we comply to the credit granting process that follows and that the application can be denied without receiving an explanation from Nordea/First Card. We approve that the above specified travel agency is entitled to debit our First Card Travel Account in respect of trips, and also due charges. We have read the currently applicable General terms and conditions and will comply with them. Kindly attach certified copy of valid certificate of registration and current annual report.

[Open General terms and conditions - corporate liability \(link\)](#) [Open General terms and conditions - private liability \(link\)](#)

Place and date	
Authorised signatory	Clarification of signature
	Personal identification number

Send your application to: First Card, L646, SE-105 71 Stockholm
If you have any questions, please contact customer service, telephone +46 (0)771-40 71 70