



First Card

APPLICATION 3 - Card with corporate liability, existing company agreement

To be filled in
by First Card

FC cust. no.

FC agreement ID

Company's full name		Company's corporate identity no.
Address		
Postal code	Postal address	Telephone
Invoice address if other than above		
Company's contact	Telephone	E-mail
Invoice receiver	Telephone	

First Card with corporate liability shall be made out to the person(s) below

Surname, first name (Max. 26 positions in capital letters)		Personal identity no.
Employee-ID	Department/Cost centre to which this card will belong	
Invoice address if other than above		

Surname, first name (Max. 26 positions in capital letters)		Personal identity no.
Employee-ID	Department/Cost centre to which this card will belong	
Invoice address if other than above		

Surname, first name (Max. 26 positions in capital letters)		Personal identity no.
Employee-ID	Department/Cost centre to which this card will belong	
Invoice address if other than above		

Company's signature

The above person(s) has our approval to use First Card and charge our account. We also confirm that the above personal data corresponds with our employment register. We have read the currently applicable General terms and conditions and will comply with them. [Open General terms and conditions - corporate liability \(link\)](#)

Place and date	
Authorised signatory, alternatively according to power of attorney	Clarification of signature
	Personal identity no.

Welcome with your application to: First Card, L646, SE-105 71 Stockholm
Please refer questions to our customer service on tel. no. +46 (0)771-40 71 70

2018.10 First Card is issued by Nordea Bank Abp, filial i Sverige