



## Fil til rejseafregningssystem/økonomisystem/Excel - Webfile (Integration file for travel expense system/financial system/Excel - Webfile).

\*Obligatorisk – disse felter skal udfyldes ellers kan ansøgningen ikke behandles  
(Mandatory - these fields need to be filled in. Otherwise we cannot process the application)

*Virksomhedens navn (Company name)		*Cvr-nr. (Business registration no.)	
*Adresse (Address)	*Postnummer (Postcode)	*By (City)	

### Navn og kontaktoplysninger på den person, der er ansvarlig for at hente filer i Webfile (Name and contact details of the person responsible for file collection in Webfile)

*Efternavn (Surname)		Fornavn (First name)		*Cpr-nr. (Personal registration no.)	
*E-mail (E-mail address)		*Telefonnummer (Phone no)		Det er muligt at logge ind via <a href="http://firstcard.dk">firstcard.dk</a> med NemId, ønskes brugernavn og password tilsendt med post noter adresse her.(You can login with NemId on <a href="http://firstcard.dk">firstcard.dk</a> , Please type in address if you also wish to have a username and password sent by post).	
Adresse (Address) Brugerid og password sendes hertil (Userid and password will be send to this address)		Postnummer (Postcode)		By (City)	

### Kundenummer der ønskes elektronisk data fra (Customer number included in the file)

First Card Kundenummer (First Card Customer no.)	Firmanavn/afdeling (Company name/Unit)
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- En fil med alle kundenumre inkluderet (One file with all customer no included).
- En fil pr. kundenummer (One file per customer no)
- Andet, skriv herunder: (Other, please specify below)

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### Ønsket filformat (File format preferences)

- Excel - Webfile, Systemleverandør felter skal ikke udfyldes (do not fill in system supplier fields).
- SAP
- CDF3 (XML)
- Til virksomhedens rejseafregningssystem/økonomisystem (To the company's travel expense system/financial system)\*\*

Systemleverandør (System supplier)	Systemets navn (System name)
Kontaktperson hos leverandør (Contact person at supplier)	E-mail-adresse (E-mail address)
Telefon (Phone)	Postadresse (Postal address)

### \*\* Aktuelle systemer/leverandører (List of compatible systems/suppliers):

Acubiz EMS, Atomic, Axapta, Basware, Concur, Dynamics, Expenture, Flex Datasystem, MobileXpense, Navision, Oracle, SAP, Continia Software, zExpense/ZeBon, Ibistic Technologies Denmark A/S

**Data ønskes for nedenstående produkter (Data requested for the following products):**

- Virksomhedskort med privat hæftelse (Corporate cards with private liability)  
 Virksomhedskort med virksomhedshæftelse (Corporate cards with corporate liability)  
 Transaktioner på virksomhedens Rejsekonto (Travel account transactions)

- Alle typer i samme fil (all in same file)  
 En fil pr. kort type (One file for each card type)

**Data ønskes leveret/Data delivery**

- Daglig (Daily)  
 Ugentlig - mandag (Weekly - monday)  
 Månedlig følger kalendermåneden, (Monthly - calendar month)

Fakturafil (invoice file) Leveres 2 dage efter fakturering og indeholder alle faktura data (delivery 2 days after invoicing, incl all invoice data)

**Ønsket dato for produktionsstart (Preferred start date)**

*Data ønskes leveret DD/MM/ÅÅ (Preferred start date DD/MM/YY)	Transaktioner fra og med dato DD/MM/YY (Transactions as of date DD/MM/YY)
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**Kortholderliste (Cardholder list)    Nej (no)    Hvis ja, specificer nedenstående (if yes, specify below)**

Daglig (Daily)

Ugentlig - mandag (Weekly - monday)

Månedlig (monthly)

**Underskrift (Signature)**

*Sted og dato (Place and date)	*Tegningsberettigedes navne (Names of signatories)
*Tegningsberettigedes underskrifter (Signatures of signatories)	*Tegningsberettigedes CPR-nr.(Signatories CPR-no)

**Udfyldes af Nordea (To be filled in by Nordea)****Underskrift (Signature)**

*Sted og dato (Place and date)	*Name of relationship manager (Names of signatories)
*Relationship manager G-log	*Signature of relationship manager

**Bemærkninger (Comments)**

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Ansøgninger skal sendes til (send the form to): First Card, Postboks 850, 0900 København C, Danmark.  
Spørgsmål kan rettes til Kundeservice (Questions contact First Card Customer Service) 70 20 63 09

Print Form

Reset form