



Agreement 1ABI

Business Agreement for First Card payment card with company liability and/or Travel Account with company liability

Choose product:

- | | | |
|--|---|---|
| <input type="checkbox"/> Travel account
Linked to the below travel agency/agencies | <input type="checkbox"/> First Card Corporate
Applicant must fill in application for First Card Corporate with company liability
Expected number of cards: _____ | <input type="checkbox"/> First Card with personal invoicing
Applicant must fill in application for First Card Corporate with personal invoicing
Expected number of cards: _____ |
| <input type="checkbox"/> SAS TPC requested
Invoicing of SAS TPC requested using First Card travel account | <input type="checkbox"/> First Card Executive
Applicant must fill in application for First Card Executive with company liability
Expected number of cards: _____ | <input type="checkbox"/> First Card Executive with personal invoicing
Applicant must fill in application for First Card Executive with personal invoicing.
Expected number of cards: _____ |
| <input type="checkbox"/> First Card Booking card
Applicant must fill in application for First Card Booking Card
Expected number of cards: _____ | <input type="checkbox"/> First Card Purchasing Card
Applicant must fill in application for First Card purchasing card.
Expected number of cards: _____ | |

Card and pin code are sent to

The cardholder ☐

The company ☐

(If this field is not filled in, both card and pin will, as a standard, be sent to the cardholder)

Please fill in on your computer, if possible

*Company name (Important to state the same name and address as registered in the central business register)		*Business registration number
* Company name to be embossed on the card (a maximum of 26 characters)		*Address
* Postal code	*City	* Contact person in the company
*E-mail for the contact person in the company		*Phone number of the contact person in the company
Invoice address (Only fill in if different from the above address)		Invoice recipient (Only fill in if different from the above contact person)
If the applicant is a subsidiary, please state the name of the parent company		Business registration number of the parent company
Payment of card purchases: debited monthly via Betalingsservice (BS, direct debit) to account	*Sort code	*Account number./EAN

By signing this application we undertake to pay via direct debit. We are aware that it may take some time to process our direct debit registration. Until the payments appear from our statement of direct debits, we must pay the invoices sent to us. The latest date of payment appears from the invoice.

Travel agency/agencies

Name	Address, postal code, city	Company's expected travelling volume in DKK per year
Name	Address, postal code, city	Company's expected travelling volume in DKK per year

We enclose a copy of an extract from the Danish Business Authority's central company register, the most recent annual report and/or the current certificate of registration from the Danish tax authorities, unless we have previously submitted such documentation, or unless the company is already a customer of Nordea Danmark, filial af Nordea Bank Abp, Finland We confirm that the information in this application is correct.

Company signature

We are aware that in Nordea we can obtain additional information about which details have been disclosed and may be disclosed on the basis of our consent and for which purposes the disclosure may happen and who may receive information on the basis of our consent. Moreover we are aware that the information may be made available to us through the self-service system on firstcard.dk.

We accept General account terms and cardholder conditions for First Card and First Card Executive insurance conditions, copies of which we have received. The conditions apply to any use of First Card payment card and travel account. Prices and costs, including fees related to the use of First Card appear from the Tariff submitted. We also accept that the First Card/First Card Executive payment card with company liability and the travel account may only be used for company purposes.

We pay particular attention to the fact that the above-mentioned conditions contain important provisions, especially about our and the cardholder's liability for the use and any misuse of First Card (condition 3.4), about the duty to block the card on suspicion of misuse (condition 3.5), and about invoicing of use and any objections (condition 4)

At the same time we approve the above travel agency's/agencies' right to charge our travel account for our travel expenses and connected fees etc.

* Place and date	* Names of authorised signatories (Please fill in on your PC or use capital letters)
* Signatures of authorised signatories	

For the company:

It is very important that all mandatory fields are filled in. Original application + appendices, if any, must be sent by mail to the relationship manager at Nordea. Please call Nordea 24/7 Erhverv on 70 33 44 44 if you need information about name and/or address of your relationship manager.

To be filled in by Nordea

I vouch for the company referred to having attached valid identification or having already provided valid proof of identity as a customer of Nordea.

* Place and date	* Name of relationship manager
* Relationship manager G-log	* Signature of relationship manager

For the relationship manager at Nordea:

- Please fill in the above fields
- Create a Business Card line in CMS – guidance can be found at: erhverv/kort/firstcard

Please send the above material + a copy of this agreement to:

➡ CBO – e-mail firstcardapplications.dk@nordea.com

NB: The original agreement must be stored in your customer archive

Other information

*** Mandatory - these fields need to be filled in. Otherwise we cannot process the application**

First Card is issued by Nordea Danmark, filial af Nordea Bank Abp, Finland, FO-nr. 2858394-9, Patent- och registerstyrelsen, CVR-nr. 25992180, København

Nordea

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