

Estimate on the card need for the next 12 months

- ☐ Corporate liability card, cards in total
- ☐ Private liability card, cards in total
- ☐ Joint liability card, cards in total
- ☐ Executive corporate liability card, cards in total
- ☐ Executive joint liability card, cards in total
- ☐ Purchasing card with company liability cards in total
- ☐ Travel account in the travel agency specified below.

Company's Customer ID

To be filled in by Nordea

| | | |
|-------------------------------|--------------------|---------------------|
| Travel agency customer number | FC customer number | FC agreement number |
|-------------------------------|--------------------|---------------------|

Company's information

| | | |
|---|------------------------|-----------|
| Official name of the company | Business Identity Code | Telephone |
| Company's name to be imprinted on the card (max 26 characters) | | |
| Street address | Postal code | City |
| Invoicing address, if different from the above | Postal code | City |
| Contact person | | |
| E-mail | Telephone | |
| Name of the parent company | Business Identity Code | |
| <input type="checkbox"/> Company wishes to receive the transaction files of the card or the travel account electronically | | |
| Travel expense invoice system used by the company | | |

Invoicing information Invoicing once a month, payment period 15 days.

| | |
|---|--|
| Form of invoice | Invoicing date |
| <input type="checkbox"/> Company-specific aggregate invoice <input type="checkbox"/> Card-specific invoices | <input type="checkbox"/> day of each month <input type="checkbox"/> second last day of the month |
| E-invoicing options | |
| <input type="checkbox"/> E-invoice | <input type="checkbox"/> Paper invoice. |
| Operator's name | |

Information on the travel agency used by the company

| | | |
|------|----------------------------|--------------------------------------|
| Name | Name of the contact person | Travel agency purchases euros / year |
|------|----------------------------|--------------------------------------|

Annual card fee and delivery of cards

| | |
|---|---|
| Annual card fees are charged | Cards with corporate liability are delivered to company's contact person. |
| <input type="checkbox"/> From the company on a separate aggregate invoice | Cards with joint liability are sent to cardholder's home address. |
| <input type="checkbox"/> Together with the card transactions | Cards with private liability are sent to cardholder's home address. |

Online payments can be made with cards.

Undertaking

An accepted application constitutes an agreement between Nordea Finance Finland Ltd and the applicant. The information given in the application becomes part of the agreement. Before signing the agreement we have read the agreement and Nordea Bank Abp's general card terms as well as the First Card account terms and we accept them. We have also read the product description. We undertake to deliver the account information concerning the card to the cardholders. We assure that the information we have given is correct.

Place and date

Company's official signature and name in block letters

Company's name or stamp

| | | | | |
|--------------------|------------|----------|--------------------|------|
| To be filled in by | Handled by | Decision | Credit account no. | Date |
| First Card | | | 248105- | |

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Place and date

Company's official signature and name in block letters

Company's name or stamp

Customer