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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		Compan	y's Customer ID
	To be filled in by Nordea		
Travel account in the travel agency specified below.	Travel agency customer number	FC customer number	FC agreement number
Company's information Official name of the company	Business Identity Code	Talanha	
Onicial name of the company		Telephor I	le
	Company's name to be in	mprinted 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		Telephor I	le
Name of the parent company		Rusines	Identity Code
	eriod 15 days.		
Form of invoice Company-specific aggregate invoice Card-specific in E-invoicing options E-invoice	Invoicing date	each month sec	ond last day of the month
Invoicing information Invoicing once a month, payment per Form of invoice Company-specific aggregate invoice Card-specific in E-invoicing options E-invoice Operator's name	Invoicing date day of e	each month sec	ond last day of the month
Invoicing information Invoicing once a month, payment per Form of invoice Company-specific aggregate invoice Card-specific in E-invoicing options E-invoice Operator's name Information on the travel agency used by the compan	Invoicing date day of e		ond last day of the month
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Invoicing information Invoicing once a month, payment perform of invoice Company-specific aggregate invoice Card-specific in E-invoicing options E-invoice Operator's name Information on the travel agency used by the compan Name Name of the Annual card fee and delivery of cards	Invoicing date avoices day of e Paper invoice. Ny he contact person	Travel ag	gency purchases euros / year
Invoicing information Invoicing once a month, payment perform of invoice Form of invoice Card-specific in E-invoicing options E-invoice Operator's name Information on the travel agency used by the compan Name Name of the Annual card fee and delivery of cards	Invoicing date anvoices day of e Paper invoice. Ny he contact person Cards with corporate	Travel ag	gency purchases euros / year
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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	To be filled in by No	ordea	
Travel account in the travel agency specified below.	Travel agency customer number	FC customer number	FC agreement number
Company's information Ifficial name of the company	Business Identity Code	Tele	phone
	Company's name to be i	mprinted on the card (max 26 characters)
treet address	Postal code City		
voicing address, if different from the above	Postal code City		
ontact person			
-mail		Tele	phone
ame of the parent company		Busi	ness Identity Code
and of the parent company			

Invoicing information Invoicing once a month, payment period 15 days.				
Form of invoice			oicing date	
	Company-specific aggregate invoice Card-specific invoice	\$	day of each month second last day of the month	
E-invoicing options				
	E-invoice		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.
From the company on a separate aggregate invoice	Cards with joint liability are sent to cardholder's home address.
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 infomation 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

Nordea Bank Abp, Satamaradankatu 5, FI-00020 NORDEA, Finland, domicile Helsinki, Business ID 2858394-9