# 1512

# **Eurocard Corporate Platinum**

Corporate liability with individual invoicing – page 1

If your company is already registered with the same company reg. no. – you only need to complete page 2 & 3.

Remember to complete and sign "Signature – card applicant" og "Authorised signatory" at the bottom of page 3.

Completed by the company												ingerne					ict no.
Company name																	
Address																	
Postal code	Town/City															Count	ry code
Telephone																	
+																	
Contact person (required field)																	
Card holder is invoiced for the annual card fee.  Company is invoiced for the annual card fee – please provide desired payment methos below.  Reg. no. (sort code)  Betalingsservice  Bank Giro form - invoice to be sent to company address. If another address is to be used, please provide it here																	
_	ent to compa	any addre	iss. II ano	ther au	iress is	to be us	ea, pies	ise provi	ae it ne	re							
Attn. name																	
Invoice address																	
Postal code	Town	/City														Coun	try code
Electronic payment via EAN no	.:																

Remember to complete and sign "Authorised signatory" at the bottom of page 3.







# **Eurocard Corporate Platinum**

## Corporate liability with individual invoicing – page 2

	Arrangement ID Product no.											
Completed by the card applicant												
Employee no./SAPID												
Please provide communication in English (excep	ptions may appear)											
Company name												
First name Surname												
First name Surname												
C/o name (if applicable)	Address since (mth/yr)											
C/OTIATILE (IT applicable)	Address since (intrivit)											
Address												
Postal code Town/City	Country code											
Social security (CPR) no. Position	(not DK)											
Telephone (daytime)  Telephone (mobile)												
+												
E-mail												
Yes, I would like to receive updates by e-mail, SMS or push notification via the card issuer's app and our partners, which can be subject to change. An overview of our partners can be viewed on our website. The marketing contains information, news, competitions and offers concerning new or improved cards- or insurance products, credit products, special customer offers, events as well as discounts.  I reserve the right to withdraw my consent at any given time by contacting the card issuer by means of the app or by choosing the "withdraw" function at the bottom of the card issuer's e-mail or SMS.												
According to the Money Laundering Act, we must obtain information about your expected consumption on Eurocard.  The primary purpose of using your Eurocard. You can choose a max. of 2 purposes.												
	Manaytranafarandaaah											
Travel, restaurants and entertainment Supermarket and other grocery stores Other shops	Money transfer and cash											
Do you expect to withdraw cash on your Eurocard in Denmark?	No											
Do you expect to withdraw cash on your	No											
Do you also expect to use your Eurocard abroad? Yes - DKK per year	No											
Estimated annual turnover on Eurocard												
Desired payment method												
Payment of consumption on corporate card:  Reg. no. (sort code)  Account no.												
Betalingsservice Bank Giro form (fee: refer to price list)												

Remember to complete and sign "Signature – card applicant" og "Authorised signatory" at the bottom of page 3.



# **Eurocard Corporate Platinum**

### Corporate liability with individual invoicing – page 3

### Signature - card applicant

I have read and accepted the card terms and conditions for Eurocard Corporate Card, including the price sheet on eurocard.com or on a paper version. I confirm the correctness of the information in the application form and approve that Eurocard may search other sources of information about my application, according to clause 4 of the card terms and conditions. I accept that the Eurocard Corporate Card may only be used for company expenses, and that my private expenses must be paid in another manner, such as using a Eurocard Double Card. As the Card, irrespective of type of liability, is a Company Card, I accept that the company may limit the use of the Card in terms of amount as well as in terms of geography and industry. I am not registered with RKI Credit Information or the Debtor Register.

Eurocard processes the customer information submitted by me in order to fulfill the agreement with me. I give my consent according to clause 5 of the card terms and conditions to all information relating to the customer relationship, including CPR no. (social security number), may be disclosed to and received from other companies in the SEB group, including SEB and SEB Invest, and to credit information agencies approved by the Danish Data Protection Agency.

General customer information such as name, address, date of birth, telephone number and card number may be used to market Eurocard's own products and products from Eurocard's partners, as listed in the card terms and conditions. New partners may be added at a later date.

If I have checked "yes" above in relation to electronic marketing, I consent to receiving electronic marketing material. I may notify Eurocard that I no longer wish to receive electronic marketing material at any time. I can withdraw my consent by contacting Eurocard. However, it will not affect any processing and disclosure of my data that has occurred before the consent is withdrawn. Read more about our processing of your data on eurocard.com.

Date	Signature												
Authorised signatory													
We hereby confirm the company information provided above, and that the card applicant is an employee of the company. We approve the issue of a Eurocard Corporate card to the stated employee/card applicant. We accept that the card must be returned to Eurocard if the employee leaves the company.													
Name in print		Social security (CPR) no.											
										-			
Name in print		Social security (CPR) no.											
										_ [			
Company reg. no. EAN no.													
Please attach a copy of									should inclu	de name a	and identific	cation	
number, for instance social security number. If signatory do not hold a Danish social security number please attach a copy of the persons address.													
Date	Date Company signature – authorised signatory												
Arrangement ID		Product no	0.										

Please return to: Eurocard, PO Box 351, DK-0900 Copenhagen C

