



# SAS Invoice Application

We hereby apply for and accept liability for payment of SAS Faktura

Company name in full										Company Identification No.									
Address																			
Postal code					Postal address														
Company contact person										Telephone									
Company's area of business										Year funded					Annual turnover				
If the applicant company is a subsidiary, state the name and company																			

Please select an invoicing and payment period as well as preferred invoicing model by placing a cross in the appropriate box.

- Period  1 invoice/month, 15-day payment period.  
 2 invoices/month 20-day payment period.  
 1 invoice/week, 25-day payment period.  
(Payment period refers to the period from the invoice date to the payment due date).

- Model 1  One invoice for the entire company.  
Model 2  One invoice per cost centre (attach list).

Estimated travel volume in SEK per year: \_\_\_\_\_

Please attach a copy of the current annual accounts as well as documentation showing the authorised company signatory. If a signatory lacks a Nordic social security number, a copy of the signatory's passport must be attached with the address details in the country of residence.

We hereby apply for a SAS Faktura. We assure that the information submitted in this application is complete and accurate. We agree to abide with all current and future standings of the terms and conditions of the SAS Faktura as altered under this agreement. We hereby confirm that we have received and accepted current terms and conditions of the SAS Faktura. We understand that Diners Club may, if necessary, retrieve information from other sources and that this application may be declined without needing to give a reason for this. The applicable terms and conditions are always available on www.sas.se.

Place, date										Signature									
Name in print										Personal ID No.*									
Name in print										Personal ID No.*									

\* If a signatory lacks a Nordic social security number, a copy of the signatory's passport (certified by another person, by writing name, signature and telephone number together with the address details in the country of residence must be attached.

Return this application form to: SEB Kort/Application, Box 50 720, 202 70 Malmö.

Diners Club is issued by SEB Kort Bank AB  
Business ID. 556574-6624  
dinersclub.se

**Important! Please attach a copy of "Declaration of Beneficial Ownership"**

VIK  
HÄR



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