



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 Swedish 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 Nordic AB 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	
Authorised company signatory	Personal ID No. <input type="text"/> - <input type="text"/>
Name in print	
Place, date	
Authorised company signatory	Personal ID No. <input type="text"/> - <input type="text"/>
Name in print	

Please send your application to SAS Faktura, Diners Club Nordic AB, 106 40 Stockholm.

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