

Fields with an asterisk (*) are required.

Flexible invoicing/Electronic data transmission through District

Company details

CVR No. *	Tel *	Agreement/account no. *
Company name * (as stated in the Central Business Register (CVR))		
Address *	Postal code *	City *
Name of company contact *	Email *	
Tel *	District No.	

Flexible invoicing/extended credit period (applies only for Mastercard Corporate Card agreements with corporate liability)

Select invoicing date: _____ (State a date between 1 and 31) Select 31 if you would like to be billed <u>per calendar month</u> . Spending is invoiced monthly on the selected date. The standard credit period is 15 days from the invoicing date. No interest is added during the standard credit period.	Optional: We request a credit period of _____ [1-75] day(s) in addition to the standard credit period of 15 days. Interest is added during an extended credit period in accordance with the conditions applying to the card account.
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Electronic data (through own District data processor)

<input type="checkbox"/> Please send us information about card transactions through District.		
File format:	(select one option only) <input type="checkbox"/> Extended version 2	<input type="checkbox"/> SAP
Data delivery:	(select one option only) <input type="checkbox"/> Daily	<input type="checkbox"/> Weekly _____ day <input type="checkbox"/> Monthly
<input type="checkbox"/> For reconciliation purposes, please send us an electronic file containing all the transactions listed on our hard-copy invoicing statement.		
We request the first delivery of electronic data on _____		
Historical data to be delivered with the first file - from date _____ (last 12 months only).		

Certification

As authorised signatory(ies) or mandatory(ies), I/we confirm the information given in this document to be true and valid.	
Name of authorised signatory/mandatory *	Name of authorised signatory/mandatory *
Date *	Date *
Signature of authorised signatory/mandatory *	Signature of authorised signatory/mandatory *

Original application must be submitted to Danske Bank by District or physical mail.