

BUSINESS CREDIT APPLICATION FORM



**Company Information:**

Name/Company name: \_\_\_\_\_

Business address: \_\_\_\_\_

Billing address: \_\_\_\_\_

Org.ID/date of birth: \_\_\_\_\_

Phonenumber: \_\_\_\_\_

E-mail: \_\_\_\_\_

Invoice as a PDF by e-mail

Invoice by EHF

We require a requisition to buy goods on our account

We do not require a requisition to buy goods on our account, and I/we agree to the terms that must apply by that.

Within a month we expect to buy goods from Coop Svalbard SA for about:

NOK 10 000,-

NOK 20 000,-

NOK 50 000,-

NOK 75 000,-

Over NOK 100 000,-

**OTHER:**

- ◆ By late payment there will be additional charges of NOK 70,-, plus 9,25% interest rate of the invoice amount
- ◆ Invoice fee per invoice NOK 50,-
- ◆ Delivery and handling fee 7% of the total purchase
- ◆ Delivery only: NOK 800,- per hour commenced
- ◆ Handling fee only: 5% of the total purchase
- ◆ A valid ID must be shown upon receipt of goods. Vessels stamp and signature is required
- ◆ There will be a refundable charge of NOK 50, - per IFCO-box and NOK 150,- per pallet. By returning the items twill only be refunded thru credit account, not in cash.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**YOUR CUSTOMER NUMBER AT COOP SVALBARD SA:** \_\_\_\_\_

**SAMVIRKELAGETS SIGNATURE:**

The application is granted

Credit limit amount: \_\_\_\_\_

Not granted

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

This form is to be sent to: faktura.svalbard@coop.no