

CREDIT ACCOUNT APPLICATION WITH COOP SVALBARD SA

Filled out form is sent to faktura.svalbard@coop.no



Company Information:

Name/Company name: _____

Contact person: _____

Business address: _____

Billing address: _____

Org.ID/date of birth: _____

E-mail: _____

Phone number: _____

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

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,-

More than NOK 100 000,-

Date: _____ Signature: _____

Name in capital letters: _____

TO BE FILLED IN BY COOP SVALBARD SA

CUSTOMER NUMBER:

The application is granted

Not granted

Monthly credit limit: _____

Date: _____ Signature: _____

