**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

Email for Invoices:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

* NOK 10 000 – 30 000,-
* NOK 30 000 – 50 000,-
* NOK 60 000 – 80 000,-
* NOK 90 000 – 110 000,-
* NOK 110 000 – 200 000,-
* NOK 200 000 – 300 000,-
* NOK 300 000 – 400 000,-

Date: Signature:

Name in capital letters: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **TO BE FILLED IN BY COOP SVALBARD SA****CUSTOMER NUMBER:** |
| * The application is granted

Monthly credit limit:* Not granted

Signature:Date:  |