# **Tenant Request Form**

This form will be used for financial correspondence, invoicing and potential payments.

## Identification

Please attach official document specifying your registration number in a trade register.

Shop name	Fortnox
Shopping Center	EMPORIA
Contract N°	

### Legal partner

Org N°/MVA N° 5569498824

**Email** 

Name Fortnox Finans AB

Address Stortorget 9

Postal Code 21122 City Malmö Country SE

### **Billing information**

Name	Fortnox Finans AB							
Address	Stortorget 9							
Postal Code	21122	City	Malmö		Country	SE		
Phone N°								
Email for invoice								
Email for communication								

# Payment details

Please attach bank confirmation

Bank name	BANK GIRO
Bank account N°/BankGiro/PlusGiro	50207042
SWIFT/BIC	
IBAN	
Account holders name	Fortnox Finans AB
Land of the bank	Sverige

# Comments

Date			
Date Signature			

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