



**Alliance Bank of Belize Limited**  
**106 princess Margaret Drive**  
**Belize city, Belize**  
**Tel: 223-6783/6784/6111**

## APPLICATION FOR A CREDIT CARD CORPORATE

### Card Applying For

Card Name  Visa  MasterCard  
 Card Type  International  Local

### Company Information

Name

Address

P.O.Box

Phone Number

Fax Number

E-mail

Type of Business

Print the way you would like the Company's to appear on the card (26 char. max)

### Authorizing Officer's Information

Title  Mr.  Mrs.  Miss  Dr.

Last Name

First Name

Middle Name(s)

Birthday (m/d/y)

Marital Status  Single  Married  Divorced  Widowed

Post in Company

Spouse's Name

Print the way you would like your name to appear on the card (26 character max)

### Additional Applicant's Information

Title  Mr.  Mrs.  Miss  Dr.

Last Name

First Name

Middle Name(s)

Birthday (m/d/y)

Marital Status  Single  Married  Divorced  Widowed

Post in Company

Spouse's Name

Print the way you would like your name to appear on the card (26 character max)

### Credit Limit Required

BZ\$ | US\$

### Signatures

The Authorizing Officer Information Section above must be completed by the authorizing officer. This application must be signed by a director, officer, partner or proprietor of the organization to authorize the opening of the Corporate Credit Card Account and the officer's title must be indicated. When he or she signs the request form, he or she will be signing both as the individual employee and as the authorizing officer. If this application is approved, please open a Credit Card Account in our name, issue a Credit Card to me (and to the additional applicants who are signing this application), and periodically renew or replace the Card(s). We certify that all information we have supplied to you (Alliance Bank of Belize Limited) in this application is true and complete.

We agree to be bound by the Cardholder Agreement (as varied from time to time by you at your discretion) that you will send to us at the time you issue, renew or replace the Card(s). If we sign, use or accept our Card(s), it will mean that we have received and read the Cardholder Agreement and that we have understood and agreed with you with respect to everything written therein. We will be liable to you for all amounts charged to the account with or in connection with our Card(s). The Bank reserves the right to make the final decision on what card will be issued and what credit limit will be authorized.

We authorize you to request financial information and references from any other financial institution.

Signature of Authorizing Officer

Date

Signature of Additional Applicant

Date