



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

## APPLICATION FOR A CREDIT CARD PERSONAL

### Card Applying For

Card Name  Visa  MasterCard  
 Card Type  International  Local

### Personal Information of Cardholder

Title  Mr.  Mrs.  Miss  Dr.

Last Name

First Name

Middle Name(s)

Maiden Name

Birthday (m/d/y)

Marital Status  Single  Married  Divorced  Widowed

Name of Spouse

Home Address

P.O. Box

Phone Number  Home  Work  Mobile

Work E-mail

Personal E-mail

Nationality

Occupation

Employer's Name

Employer's Address

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

Additional Applicant (26 character max)

### Additional Applicant

Title  Mr.  Mrs.  Miss  Dr.

Last Name

First Name

Middle Name(s)

Birthday (m/d/y)

Marital Status  Single  Married  Divorced  Widowed

Address

Phone Number  Home  Work

Occupation

Employer's Name

Name of Spouse

### Credit Limit Required

BZ\$ | US\$

### Signatures

If this application is approved, please open a Credit Card Account in my name, issue a Credit Card on the account to me and all other applicants who are signing this application, and periodically renew or replace the card(s). I certify that all information I have supplied to you (Alliance Bank of Belize Limited) in this application is true and complete. I agree to be bound by the Cardholder Agreement (as varied from time to time by you at your discretion) that you will send me at the same time you issue, renew, or replace the Card(s). If I sign, use or accept my Card, it will mean that I have received and read the Cardholder Agreement and that I have understood and agreed with you with respect to everything written therein. I will be liable to you for all amounts charged to the account with, or in connection with, my Card.

If there is more than one applicant, we will be jointly and severally liable to you for all of that debt, and all other terms that we have agreed to with you, here and in the Cardholder Agreement. The Bank reserves the right to make the final decision on what card will be issued and what credit limit will be authorized.

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

Signature of Applicant	Date
Signature of Additional Applicant	Date