

The Belize Bank Limited reserves the right to accept or reject this application and to determine the type of card to be issued.

**Type of Card**

- AAdvantage® Mastercard Executive Business
  AAdvantage® Mastercard Platinum Corporate
  Mastercard Platinum Corporate

**Do you have an AAdvantage® Number?**

- Yes, my number is 
 Yes, but I don't remember my AAdvantage® number.
  No

**Direct Debit Instruction**

**Would you like to arrange a Standing Order?**  **Yes**  **No**

**If YES, kindly fill out the following:**

Kindly make the following payment to my Credit Card approved by this application  Payment in Full  Minimum Payment

and debit my account number

Payment should commence:  15th  End of Month  Due Date  Other (please specify)

These instructions should remain in effect:  Until cancelled by me in writing  Until the following date (please specify)

**Company Information**

**Company Name**   
**Registered Address**   
**Mailing Address**   
**Company Phone No.**   
**Email Address**   
**Type of Business**

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**Business Party ID**   
**Co-Applicant 1 Party ID**   
**Co-Applicant 2 Party ID**   
**Branch**   
**FinScan Search**   
**Approved Credit Limit**   
**Approved US Monthly Limit**   
**Total US Annual Limit Approved**   
**Approved By (Print Name)**   
**Approved By (Signature)**

# Cardholder(s) Information

Details	Cardholder	Additional Cardholder
<b>Title</b> <small>(Mr./ Mrs./ Ms./Dr.)</small>		
<b>Last name</b>		
<b>First name</b>		
<b>Middle name</b>		
<b>Date of Birth (DD/MM/YY)</b>	/ /	/ /
<b>Occupation</b>		
<b>Marital status</b> <small>(Single/ Married/ Divorced/Widowed)</small>		
<b>Address</b>		
<b>Position with Company</b>		
<b>Years/Months with Employer</b>		
<b>Corporate Email</b>		
<b>Cell Phone No.</b>		
<b>Work Phone No.</b>		

## Print the way you would like your name to appear on the card (21 character limit)

**Company**

**Cardholder**

**Additional Cardholder**

**Credit  
Limit BZD**

**US Monthly  
Limit BZD**

**US Annual  
Limit BZD**

If this application is approved, please open an account in our name, issue a Credit Card ("Card") to the persons named in this application, and periodically renew or replace such Card(s). We agree to be bound by the Cardholder Agreement (as varied from time to time by you at your discretion) that you have provided or made available to us and we confirm that we have read and understood the terms and conditions contained therein.

\*This application must be signed by a director, officer, partner or proprietor of the organization to authorize the opening of the Corporate Card Account and the person'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.

**Signature of  
Authorizing Officer 1**

**Date**

**Signature of  
Authorizing Officer 2**

**Date**

**Signature of  
Cardholder**

**Date**

**Signature of  
Additional Cardholder**

**Date**