

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

☐ Visa Local

☐ Visa Classic

☐ Mastercard Standard

☐ Mastercard AA® Standard

☐ Mastercard AA® Platinum

Do you have an AAdvantage® Number?

☐ Yes, my number is

☐ Yes, but I don't remember my AAdvantage® number.

☐ No

Insurance (Available for all Personal credit cards)

☐ Life

☐ Life and Critical Illness

Ask one of our friendly bank representatives about the cost and valuable coverage each insurance offers.

Employment and Income Information

Details	Primary Applicant	Co-Applicant	Associate Cardholder
Title <small>(Mr./ Mrs./ Ms. /Dr.)</small>			
Last name			
First name			
Middle name			
Date of Birth (DD/MM/YY)	/ /	/ /	/ /
Social Security No.			
Marital status <small>(Single/ Married/ Divorced/Widowed)</small>			
Home address			
Mailing address			
Email			
Cell Phone No.			
Work Phone No.			
Occupation			
Relationship to Primary Applicant			

**Associate Cardholder** refers to a person under the age of 18 years or a person more than 18 years old who is a registered student to whom the Bank has issued a Card at the request of the Applicant and/or Co-Applicant and for whose Purchases, Cash Advances and Debts the Applicant and the Co-Applicant will be liable.

Employment and Income Information			
Primary Applicant		Co-Applicant	
Name of Employer		Name of Employer	
Address of Employer		Address of Employer	
Income Information		Income Information	
Income from Employment		Income from Employment	
Allowances		Allowances	
Other		Other	
Other		Other	
Other		Other	
Total Income		Total Income	

PRIMARY APPLICANT ONLY Personal Net Worth Statement			
List All Assets		List All Liabilities	
Cash		Personal Loan	
Motor Vehicle		Mortgage	
Real Estate		Credit Card	
Other		Other	
Other		Other	
Other		Other	
Other		Total Liabilities	
Total Assets		Net Worth (Assets-Liabilities)	

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

**Primary Applicant**

**Co-Applicant**

**Total Credit Limit (BZD)**

**US Monthly Limit (BZD)**

**US Annual Limit (BZD)**

If this application is approved, please open an account in my name, issue a Credit Card ("Card") on the account to me and all other applicants who are signing this application and periodically renew or replace the Card(s). By signing this application, I/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 me and I/We confirm that I/We have read and understood the terms and conditions contained therein.

**Signature of Primary Applicant**

**Date**

/ /

**Signature of Co-Applicant**

**Date**

/ /

**FOR OFFICIAL BANK USE ONLY**

**Party ID**

**Branch**

**FinScan Search**

**Total Credit Limit Approved**

**Approved US Monthly Limit**

**Total US Annual Limit Approved**

**Approved By (Print Name)**

**Approved By (Signature)**