

# Personal Credit Card Application Form

Please **PRINT IN CAPITAL LETTERS**  
and provide all information requested.

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

Mastercard Platinum

AAdvantage® Mastercard Standard

AAdvantage® Mastercard Platinum

## Do you have an AAdvantage® Number?

Yes, my number is

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

No

## Employment and Income Information

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

**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 (Specify): _____			Other (Specify): _____	
Other (Specify): _____			Other (Specify): _____	
Other (Specify): _____			Other (Specify): _____	
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 (Specify): _____		Other (Specify): _____	
Other (Specify): _____		Other (Specify): _____	
Other (Specify): _____		Other (Specify): _____	
Other (Specify): _____		Total Liabilities	
Total Assets		Net Worth (Assets-Liabilities)	
Credit Limit & Authorization			

#### Total Credit 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

Primary Applicant Party ID

FinScan Search

Approved By (Print Name)

Co-Applicant Party ID

Total Credit Limit Approved

Approved By (Signature)

Associate Carholder Party ID

Approved US Monthly Limit

Branch

Total US Annual Limit Approved