

## *MasterCard Benefits*

### *MasterCard Global Services*

Provides emergency card-related assistance any time, anywhere, via one toll-free phone call. Services include Lost/Stolen Reporting Service, Emergency Card Replacement Service, Emergency Cash Advance and ATM Locations.

### *Concierge Service*

Provides personal assistance including recommendations and reservations for dining, travel, hotels and entertainment.

### *MasterRental*

Pays for damages to a rental vehicle due to collision, theft, and vandalism when the cardholder initiates and pays for the entire rental transaction with a MasterCard card.

### *MasterTravel*

Provides coverage against accidental death, dismemberment, or paralysis when traveling by a common carrier if the tickets are purchased with a MasterCard card.

### *Travel Assistance Services*

Provides pre-trip destination information, emergency medical and legal referrals tracing of lost luggage, and more.

### *MasterAssist*

Reimburses medical expenses, hotel, convalescence, emergency family travel costs and more.

### *ATM Protection*

Replaces stolen cash and/or provides a death benefit if robbed or assaulted at an ATM.

### *MasterCoverage*

Protects companies from employee misuse of payment cards.

## *Executive Business Card Features*

- Helps businesses manage their card usage more efficiently with special card usage reports online at [www.belizebank.com](http://www.belizebank.com).
- Separates business and personal expenses.
- Membership in Belize Bank FlexiReward Program. Your purchases earn points and can be redeemed for a wide variety of awards.
- Additional MasterCard Benefits as compared to personal credit cards.
- More convenient than cash or checks.
- Unsurpassed global acceptance and purchasing flexibility at millions of locations.
- Can use product to build business name recognition.

**belize bank**  
*Our Country. Your Bank*

*Card Service Center*

*21 Regent Street*

*Belize City, Belize*

*Tel: 501-227-7082*

*Fax: 227-1078*

*Email: [bblcards@belizebank.com](mailto:bblcards@belizebank.com)*

*[www.belizebank.com](http://www.belizebank.com)*

**belize  
bank**

*Our Country. Your Bank*



**EXECUTIVE  
BUSINESS  
CREDIT CARD  
APPLICATION**



Please print clearly and provide all information requested.

The Belize Bank Ltd. reserves the right to make a final decision on what card will be issued.

### Company Information

Company Name \_\_\_\_\_
Registered Add. \_\_\_\_\_
Mailing Add. (if different from above) \_\_\_\_\_
Company Phone # \_\_\_\_\_
Company Fax # \_\_\_\_\_
E-Mail Add. \_\_\_\_\_
Type of Business \_\_\_\_\_

Print the way you would like the Company's name to appear on the card (21 character limit)

[Character grid for company name]

### Authorizing Officer's Information

Title [Mr./Mrs./Miss/Dr.]
Last Name \_\_\_\_\_
First Name \_\_\_\_\_
Middle Name \_\_\_\_\_
D.O.B. (DD/MM/YY) \_\_\_\_\_
Occupation \_\_\_\_\_
Marital Status [Single/Married/Divorced/Widowed]
Position with Company \_\_\_\_\_
Yrs/Mths. w/ Employer \_\_\_\_\_
Name of Spouse \_\_\_\_\_
E-mail Add. \_\_\_\_\_

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

[Character grid for authorizing officer name]

### Cardholder's Information

Title [Mr./Mrs./Miss/Dr.]
Last Name \_\_\_\_\_
First Name \_\_\_\_\_
Middle Name \_\_\_\_\_
D.O.B. (DD/MM/YY) \_\_\_\_\_
Occupation \_\_\_\_\_
Marital Status [Single/Married/Divorced/Widowed]
Position with Company \_\_\_\_\_
Yrs/Mths. w/ Employer \_\_\_\_\_
Name of Spouse \_\_\_\_\_
E-mail Add. \_\_\_\_\_

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

[Character grid for cardholder name]

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

If this application is approved, please open an 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 card(s). We certify that all information we have supplied to you (The Belize Bank Limited) 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).

If we choose to participate in The Belize Bank FlexiReward Program, we agree to be bound by the terms and conditions stated in The Belize Bank FlexiReward Program Rules as defined by the bank at its sole discretion from time to time.

Please enroll me in The Belize Bank FlexiReward Program: [Yes/No]

Credit Limit Required: US\$ [Redacted]
(Minimum US\$5,000. Higher limit in multiples of US\$500)

Signature of authorizing officer \_\_\_\_\_
Date \_\_\_\_\_

### Additional Cardholder's Information

Title [Mr./Mrs./Miss/Dr.]
Last Name \_\_\_\_\_
First Name \_\_\_\_\_
Middle Name \_\_\_\_\_
D.O.B. (DD/MM/YY) \_\_\_\_\_
Occupation \_\_\_\_\_
Marital Status [Single/Married/Divorced/Widowed]
Position with Company \_\_\_\_\_
Yrs/Mths. w/ Employer \_\_\_\_\_
Name of Spouse \_\_\_\_\_
E-mail Add. \_\_\_\_\_

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

[Character grid for additional cardholder name]

Signature of additional applicant

Date

Signature of additional applicant

Date



EXECUTIVE MASTERCARD APPLICATION

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