## **OUR CARDS**

CARD LIMIT



**Belize Bank Local VISA Card** • Perfect for making purchases in Belize • Earns FlexiRewards points

BZ\$500.00 and up (increments of \$500.00)

belizeb belizebank Belize Bank VISA Classic & Mastercard Standard

- Perfect for travelling Worldwide acceptance • Travel Insurance
- Earns FlexiRewards points

US\$500.00 and up (increments of \$500.00)



US\$5000.00 and up (increments of \$500.00)

belize ban Our Country. Your Application Form

## Please print clearly and provide

The Belize Bank Ltd. reserve decision on what card will b

## Personal Data

ОМ O Mr. Title Last Name First Name Middle Name ngle 🔿 Ma

Home Add	
Mailing Add	
Email Add	
Home Ph	
Work Ph	
Occupation	
Occupation	
Employer's Name Employer's Add	
rs/Mths w/ Employe	r
Name of Spous	
Spouse's Occupation	
Name of Spouse's Employer	
Add of Spouse's Employer	

ANNUAL FEE: PRIMARY CARD ADDITIONAL CARD	BZ\$50.00 BZ\$25.00	US\$50.00 US\$25.00	US\$60.00 US\$20.00	Middle Name D.O.B. (DD/MM/YY) Social Security No Marital Status () Single
ANNUAL INTEREST RATE: PURCHASES	24%	24%	24%	
CARD CURRENCY	Belize Dollars (BZ\$)	United States Dollars (US\$)	United States Dollars (US\$)	Home Add
FOREIGN CURRENCY CONVERSION RATE	N/A	\$1US = 2.0425 (Exchange rate of 2.0175 plus Government Stamp Duty of 0.0125)	\$1US = 2.0425 (Exchange rate of 2.0175 plus Government Stamp Duty of 0.0125)	Mailing Add.
TRAVEL ACCIDENT INSURANCE*	N/A	US\$75,000 maximum	US\$250,000 maximum	Email Add.
AUTO RENTAL INSURANCE***	N/A	N/A	0	Home Ph Work Ph
VISA GOLD ASSISTANCE CENTER**	N/A	N/A	0	Occupation
INTEREST CHARGES	0% if your statement balance is paid in full by the payment due date shown on your statement. If you do not pay your statement balance in full, you must pay interest on all purchases and fees shown on that month's statement from the transaction date until payment is received. Cash advances are not afforded an interest-free period as interest begins to accrue from the date of the cash advance is made until the Bank receives payment on the total amount owed.			Employer's Name Employer's Add
MINIMUM PAYMENT	5% of the outstanding balance; minimum BZ\$25.00	5% of the outstanding balance; minimum US\$25.00	5% of the outstanding balance; minimum US\$25.00	Yrs/Mths w/ Employer
	automatic when you charge the entire travel fare(s) to yo ** VISA Gold Assistance Center provides emergency Tr replacement, emergency cash, emergency medical assista emergency transportation service. *** Free VISA Auto Rental Insurance -When you rent a cost. You must initiate the transaction and pay the comp Loss Damage Waiver (LDW)) offered by the auto comp Visa International charges a 1% service fee on all transac	rtions made with Belize Bank Visa Classic and Visa Gold Card dit cards (Local Visa, Visa Classic, MasterCard, Standard and V	air, sea, or land trip until you arrive at your destination. 5 days a year. Services offered include: emergency card luggage assistance, emergency message service, and obtain Auto Rental Insurance automatically, at no extra ine the insurance (Collision Damage Waiver (CDW)/ s.	Name of Spouse Spouse's Occupation Name of Spouse's Employer Add of Spouse's Employer

	al TVISA TMachine TVISA
information requested. $\Box VIS$	$\begin{array}{c} cal \\ SA \end{array} \square \begin{array}{c} VISA \\ Classic \end{array} \square \begin{array}{c} Mastercard \end{array} \square \begin{array}{c} VISA \\ Gold \end{array}$
the right to make a final ssued.	Name of Relative/Friend not living with you
	Add of Friend/Relative
O Miss O Dr.	
	<b>Co-Applicant Information</b>
	Title () Mr. () Mrs. () Miss () Dr.
	Last Name
	First Name
Divorced OWidowed	Middle Name
	D.O.B. (DD/MM/YY)
	Social Security No.
	Marital Status O Single O Married O Divorced O Wido
	Email Add
	Occupation
	Employer's Name
	Employer's Add.
	Name of Spouse
	Home Ph
	Credit Limit Required US\$
	(Minimum BZ\$500. Higher limit in multiples of B

