

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 Classic
 Mastercard Standard
 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

Insurance (Available for all Personal credit cards)

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

- Life** **Credit Life Protection** is a death benefit which ensures a customer's credit card will be paid in the event of their death.
 Life and Critical Illness **Critical Illness Protection** is a living benefit which pays the outstanding balance on a customer's credit card as at the date of diagnosis of a covered critical illness. **Covered critical illnesses are (i) Heart Attack, (ii) Cancer (life threatening) & (iii) Stroke.**

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)

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 (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)

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

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