

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

- AAdvantage® Mastercard Executive Business
 AAdvantage® Mastercard Platinum Corporate
 Mastercard Platinum Corporate

Do you have an AAdvantage® Number?

- Yes, my number is
 Yes, but I don't remember my AAdvantage® number.
 No

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)

Company Information

Company Name
Registered Address
Mailing Address
Company Phone No.
Email Address
Type of Business

FOR OFFICIAL BANK USE ONLY

Business Party ID
Co-Applicant 1 Party ID
Co-Applicant 2 Party ID
Branch
FinScan Search
Approved Credit Limit
Approved US Monthly Limit
Total US Annual Limit Approved
Approved By (Print Name)
Approved By (Signature)

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Cardholder(s) Information

Details	Cardholder	Additional Cardholder
Title <small>(Mr./ Mrs./ Ms. /Dr.)</small>		
Last name		
First name		
Middle name		
Date of Birth (DD/MM/YY)		
Occupation		
Marital status <small>(Single/ Married/ Divorced/Widowed)</small>		
Address		
Position with Company		
Years/Months with Employer		
Corporate Email		
Cell Phone No.		
Work Phone No.		

Spending Limit

International Monthly Spending Limit

International Annual Spending Limit

If this application is approved, please open an account in our name, issue a Credit Card ("Card") to the persons named in this application, and periodically renew or replace such Card(s). 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 us and we confirm that we have read and understood the terms and conditions contained therein.

*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 person'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.

**Signature of
Authorizing Officer 1**

Date

**Signature of
Authorizing Officer 2**

Date

**Signature of
Cardholder**

Date

**Signature of
Additional Cardholder**

Date

Credit Card limits are monthly.