



Our Goal

To provide our clients with the highest standards of service possible by being fair, reasonable, clear and open in our communications, by giving you excellent value for your money, and by striving to be loyal and responsible contributor to our community

Contacting Us

106 Princess Margaret Drive.
P.O. Box 1988, Belize City, Belize

Phone: (501) 223-6783/6784/6111
Fax: (501) 223-6067

Branches

- ◆ Belize City
- ◆ San Pedro
- ◆ Belmopan
- ◆ Independence
- ◆ Pomona
- ◆ San Ignacio
- ◆ Orange Walk

For Internal Bank Use Only

Card Type (s) _____

Limited(s) Approved BZ\$ _____ US\$ _____

Date _____

Comments _____

Approved By _____



CREDIT CARD APPLICATION

CORPORATE

The Bank that gives you

more

www.alliance.bz

Card Applying For

Card Name Visa MasterCard
Card Type International Local

Company Information

Title Mr. Mrs. Miss Dr.

Name

Address

P.O. Box

Phone Number

Fax number

E-mail

Type of Business

Print the way you would like the company's to appear on the card (26 char. Max)

Authorizing Officer's Information

Marital Status Single Married Divorced Widowed

Last Name

First Name

Middle Name(s)

Maiden name

Birthday (m/d/y)

Marital Status Single Married Divorced Widowed

Post in Company

Spouse's Name

Print the way you would like your name to appear on the card (26 characters max)

Authorizing Officer's Information

Title Mr. Mrs. Miss Dr.

Last Name

First Name

Middle Name(s)

Birthday (m/d/y)

Marital Status Single Married Divorced Widowed

Post in Company

Spouse's Name

Print the way you would like your name to appear on the card (26 characters max)

Credit Limit Required

BZ\$

| US\$

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 Credit 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. If this application is approved please open a credit Card Account in our name, issue a Credit Card to me (and to the applicants who are signing this application), and periodically renew or replace the Card (s). We certify that all information we have supplied to you (Alliance Bank of Belize Limited) in this application 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 agree with you with respect to everything written therein. We will be liable to you for all amount charged to the account with or in connection with our Card(s). The Bank reserves the right to make the final decision on what card will be issued and what credit limit will be authorized.

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

Signature of Authorizing Officer

Date

Signature of Additional Applicant

Date