

BUSINESS
ACCOUNT NUMBER
(FOR BANK USE ONLY)

CARD NUMBER
(FOR BANK USE ONLY)

CREDIT LIMIT & COLLATERAL DETAILS (if applicable)

Security may be required. Please indicate account where funds are to be restricted (collateral requirement is 100%)

<input type="checkbox"/> Business Account	<input type="checkbox"/> Other
<input type="checkbox"/> Term Deposit	<input type="checkbox"/> New

Account to operate under the same Authorised Signatory(ies) as existing Account Number:

Aggregate Credit Limit Requested (Minimum \$5,000): _____ Number of Cards Required: _____

CARDHOLDER INFORMATION

Cardholder One:			Cardholder Two:		
First Name:	MI:	Last Name:	First Name:	MI:	Last Name:
Nationality:		SSN or Equivalent:	Nationality:		SSN or Equivalent:
Home/Residential Address:			Home/Residential Address:		
Postal Code:			Postal Code:		
Country:			Country:		
Statement Mailing Address:			Statement Mailing Address:		
Postal Code:			Postal Code:		
Country:			Country:		
Telephone (Home):		Telephone (Work):	Telephone (Home):		Telephone (Work):
Fax:		Mobile:	Fax:		Mobile:
Mother's Maiden Name:			Mother's Maiden Name:		
E-Mail:			E-Mail:		
Requested Card Limit: \$			Requested Card Limit: \$		
Certified photo ID must be attached. Cardholder Authorisation I agree to be bound by the terms and conditions for the BCB Credit Card Program. Authorisation is given for the release from other sources of information deemed necessary by the Bank to process this application. Name: _____ Signature: _____ Date: (dd/mm/yyyy) _____			Certified photo ID must be attached. Cardholder Authorisation I agree to be bound by the terms and conditions for the BCB Credit Card Program. Authorisation is given for the release from other sources of information deemed necessary by the Bank to process this application. Name: _____ Signature: _____ Date: (dd/mm/yyyy) _____		
Cardholder Three:			Cardholder Four:		
First Name:	MI:	Last Name:	First Name:	MI:	Last Name:
Nationality:		SSN or Equivalent:	Nationality:		SSN or Equivalent:
Home/Residential Address:			Home/Residential Address:		
Postal Code:			Postal Code:		
Country:			Country:		
Statement Mailing Address:			Statement Mailing Address:		
Postal Code:			Postal Code:		
Country:			Country:		
Telephone (Home):		Telephone (Work):	Telephone (Home):		Telephone (Work):
Fax:		Mobile:	Fax:		Mobile:
Mother's Maiden Name:			Mother's Maiden Name:		
E-Mail:			E-Mail:		
Requested Card Limit: \$			Requested Card Limit: \$		
Certified photo ID must be attached. Cardholder Autorisation I agree to be bound by the terms and conditions for the BCB Credit Card Program. Authorisation is given for the release from other sources of information deemed necessary by the Bank to process this application. Name: _____ Signature: _____ Date: (dd/mm/yyyy) _____			Certified photo ID must be attached. Cardholder Autorisation I agree to be bound by the terms and conditions for the BCB Credit Card Program. Authorisation is given for the release from other sources of information deemed necessary by the Bank to process this application. Name: _____ Signature: _____ Date: (dd/mm/yyyy) _____		

Please attach sheets for additional Company Representatives. This form may be photocopied.

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METHOD OF PAYMENT

Bermuda Commercial Bank Limited is hereby authorised to charge Account:

Minimum Payment

Total Balance Payment

Account Number to Debit:

CARD ACCOUNT AUTHORISER

Authorised Signature:

The Applicant, acting pursuant to the attached **Corporate Resolution** (or equivalent) and by authorised individual(s) signing below, represents and warrants that the statements made in the Application and the accompanying **financial statements** and other submissions, are true and correct and are made to induce Bermuda Commercial Bank Limited ("the Bank") to grant Credit. For the same purpose, the Applicant represents and warrants that no suits, judgements or legal claims of any kind are now pending against the Applicant, except as expressly stated herein or in the financial statements submitted herewith. The Applicant and each principal severally agree that Bermuda Commercial Bank Limited may exchange credit information concerning them with others. The Bank may, without limitation, request a credit report on each principal and, if requested, will inform the principal(s) of the name and address of the credit reporting agency that furnished it. If approved, the Bank may obtain new credit reports in connection with updates, renewals and extensions of the Applicant's account.

Defined terms in this Agreement shall have the same meaning as in the Terms and Conditions for the BCB Credit Card Program.

Corporate Resolution / Financials Attached

This Application will remain the property of Bermuda Commercial Bank Limited.

Full Name and Title/Name of Business (Please print or type):

Signature of Individual:

Date:

Full Name and Title/Name of Business (Please print or type):

Signature of Individual:

Date:

Full Name and Title/Name of Business (Please print or type):

Signature of Individual:

Date:

Authorised Company Representatives:

The person(s) authorised to transact business for the Applicant regarding the Applicant's BCB Business Visa Card accounts are:

Authorised Representative's Name (Please print or type):

Authorised Representative Signature:

Date:

Authorised Representative's Name (Please print or type):

Authorised Representative Signature:

Date:

Authorised Representative's Name (Please print or type):

Authorised Representative Signature:

Date:

Authorised Representative's Name (Please print or type):

Authorised Representative Signature:

Date:

Please attach sheets for additional Company Representatives. This form may be photocopied.

FOR BANK USE ONLY

Approved

Denied

Comments:

Card Services Representative's Name:

Signature:

Date:

Card Services Representative's Name:

Signature:

Date:

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VISA BUSINESS CARD PLEDGE AGREEMENT

To: Bermuda Commercial Bank Limited (the "Bank" and its subsidiaries)

By signing this Credit Card Application form, I/we agree that in the event that the unpaid credit card balance remains outstanding for 30 days, the Bank has the right to place a restriction on any one or more of our deposit accounts held with BCB for 110% of either the Credit Card Sanctioned Limit or outstanding balance and in the event that a balance remains outstanding by 90 days a withdrawal against the deposit account will be made to retire the outstanding debt obligation.

Defined terms in this Agreement shall have the same meaning as in the Terms and Conditions for the BCB Credit Card Program.

Full Name (Please print or type):

Full Name (Please print or type):

Authorised Signatory:

Authorised Signatory:

Date (dd/mm/yyyy):

Date (dd/mm/yyyy):