

Bermuda Commercial Bank Ltd

VISA Business Credit Card Application Form

Your Business Information

Company's Full Legal Name ("APPLICANT"):

Street Address:

Town/City/Parish: County/State:

Postal/Zip Code: Country:

Business Phone: Fax: Email:

PO Box (if any): Send Mail to: Street Address PO Box

Legal Entity: Company Partnership Sole Proprietor Other:

Country of Incorporation: Date of Incorporation:

Registered Office Address (if different)

Town/City/Parish: County/State:

Postal/Zip Code: Country:

Business Category: Insurance/Reinsurance Service Company Retail Legal/Financial Shipping Oil/Mining
 Wholesaler/Distributor Fund Trust Other:

Primary Purpose of Card:

Company Name to Appear on Your Credit Cards (Max. 24 characters):

BCB Banking Reference

Account Number: Account Name: Relationship Manager:

Deposit Account Information

Type of Account	Chequing	Savings	Time Deposit	Other (Specify)
Bermuda Commercial Bank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Butterfield Bank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
HSBC Bermuda	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Clarien	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____

Business Financial Information

Year Established: Financial Year End: Nature of Business: No. of Employees:

Annual Net Income \$ (Last Financial Year): Net Income Current YTD \$:

Total Current Assets	\$	Total Fixed Assets	\$	Shareholder Loans	\$
Total Current Liabilities	\$	Total Long Term Debt	\$	Business Net Worth	\$

Who Prepares Business Year-end Statements?: Phone:

Business Year-end Statements Status: Audited Unaudited Review Engagement Management Compiled

Credit Limit and Collateral Details (if applicable) *** Collateral required is 110% of total aggregate card limits***

Collateral Source: Business Account Term Deposit Other: _____ New or Existing? New Existing

Account to operate under the same Authorised Signatories as existing Account Number:

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

Note: Security may be required. Please indicate account where funds are to be restricted (collateral requirement is 110%).

Cardholder #1 Information

Title: Mr. Mrs. Ms. Miss Dr. Other:

First Name: Middle Initial: Surname:

Name Preferred on Card (Max. 24 characters including spaces):

Nationality: Birth Date:

Residential Address

House/Street:

Town/City/Parish: County/State:

Postal/Zip Code: Country:

Passport #: Passport Expiry Date :

Mailing Address (If different to Residential Address)

House/Street:

Town/City/Parish: County/State:

Postal/Zip Code: Country:

Home Phone: Mobile Phone: Work Phone:

Email Address: Fax #:

Mothers Maiden Name (For ID purposes): Requested Card Limit \$:

Cardholder Authorisation (Certified photo ID must be attached)	Name:
I agree to be bound by the terms and conditions of 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.	Signature:
	Date:

Cardholder #2 Information

Title: Mr. Mrs. Ms. Miss Dr. Other:

First Name: Middle Initial: Surname:

Name Preferred on Card (Max. 24 characters including spaces):

Nationality: Birth Date:

Residential Address

House/Street:

Town/City/Parish: County/State:

Postal/Zip Code: Country:

Passport #: Passport Expiry Date :

Mailing Address (If different to Residential Address)

House/Street:

Town/City/Parish: County/State:

Postal/Zip Code: Country:

Home Phone: Mobile Phone: Work Phone:

Email Address: Fax #:

Mothers Maiden Name (For ID purposes): Requested Card Limit \$:

Cardholder Authorisation (Certified photo ID must be attached)	Name:
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I agree to be bound by the terms and conditions of 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.	Signature: Date:
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Method of Payment

Auto Pay: Yes No Payment Type: Full Balance Minimum Balance Fixed Amount _____

Account Number to Debit:

Statement Recipient

Name:

House/Street:

Town/City/Parish: County/State:

Postal/Zip Code: Country:

Contact Number: Email Address: Fax #:

Secondary Contact:

Contact Number: Email Address: Fax #:

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: 	Signature of Individual: Date:
Full Name and Title / Name of Business: 	Signature of Individual: Date:
Full Name and Title / Name of Business: 	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: 	Signature of Representative: Date:
Authorised Representative's Name: 	Signature of Representative: Date:
Authorised Representative's Name: 	Signature of Representative: Date:
Authorised Representative's Name: 	Signature of Representative: Date:

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

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:	Full Name:
Authorised Signatory:	Authorised Signatory:
Date:	Date:

FOR BANK USE ONLY Aggregate Limit: Approved \$ _____

Approved by Name (1):	Signature:	Date:
Approved by Name (2):	Signature:	Date:

Comments:

Daily Maximum Purchase Amount: \$2,500 Full Limits

Declined and reason for decline (if applicable)

<input type="checkbox"/> Email Attached	Account Number: _____	Completed By: _____	Date: _____
Business CIF: _____	Cardholder #1 CIF: _____	Cardholder #2 CIF: _____	Collateral in Place?: <input type="checkbox"/> Yes <input type="checkbox"/> No