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BANPLUS INTERNATIONAL BANK, INC.

CREDIT CARD REQUEST												
			CUSTO	ΟM	IER GENERA	AL INF	ORMATION					
Full name									Type			
					Identification		N°					
Gender	Date o		-	Cell phone		Account staten			nent and cor	respondence		
F M M			· · ·				E-mail				T. C.	
	I me address							Home phone				
	Con dis limit on accepted											
Zip code			Credit limit requested								count number	
CUSTOMER LABOR INFORMATION												
Compa	Company address											
Phone	Fax					Economic Sector						
•					ا Laboral	orofile	e					
Shareholder Owner			Executiv	e			Other, indicate					
Freelance	Consultant											
Position	ı									Inc	dicate frequency	
		Monthly sal	ary in \$			Other	ther income in \$					
	Investment	Heritage				I			Other,	indicate		
Source other income Rentals		Other										
BANK REFERENCE												
Bank Customer account number Type												
				Tastome. Goodine Humber							.,,,,,	
			Δ	וח	DITIONAL C	REDIT	CARD					
Full name						Type Relationship					Relationshin	
			Ide	nti	fication	N°		The latter of th				
Full name								Polationship			Delette selete	
Full	name		Identification			Туре					Relationship	
N° N°												
AUTHORIZATION TO DEBIT ACCOUNT												
Authorize to charge monthly the minimum / total payment in my Banplus International Bank, Inc, account.												
DATA CERTIFICATION												
Certify that the information given in this application is true and expressly authorize Banplus International Bank, Inc. (the "Bank") to verify and keep it in custody. I also												
certify that I have read the terms and conditions of the credit card agreement which I accept in each and every one of its parts. I also authorize the Bank to establish a												
Certificate of Deposit as guarantee and collateral for the line of credit granted in this application and to load the debit balance when consider it convenient.												
 Date										Signature		
				FC	OR OFFICIAL	USE (ONLY					
Received by: Name:							Signature:					
Credit limit approved							Verification:					
						NI	. 1		(Autho	orized officer	7	
(Originals verified) Certified copies of received documents						Name						
						Signat	ture:					

Gerencia de Tarjetas/V.02/Mayo2019