

ANZ Business Preferred Credit Card Additional Card Request Form (continued)

3. FINANCIAL DETAILS AND AUTHORISATION

I/We hereby request and authorise you to issue a Business Preferred Credit Card to the above named person/s. I/We acknowledge that I/we have read and accept the ANZ Business Preferred Cardholder Terms and Conditions.

Authorised Signature*.....

Date

Authorised Signature*.....

Date

(*To be signed in accordance with the Bank Account Signing Authority).

Once this form is complete, please return to your ANZ Relationship Manager.

4. ANZ RELATIONSHIP MANAGER AUTHORISATION – OFFICE USE ONLY

I confirm the facility limit assigned is correct for this account.

Date

Branch Number

Staff Number

Total credit limit requested (sum of new card limits):

Total facility limit approved:

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Relationship Manager

Signature

Contact Number

Relationship Manager's Comments (e.g. alternative delivery address for cards)

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Once this form is complete, please fax to ANZ Commercial Cards 0800 658 650