



CREDIT CARD APPLICATION FORM

Opening Doors, Building Tomorrows.

CARDHOLDER INFORMATION			
Name (Last Name, First Name, Middle Name)		Name to Appear on Card (Maximum of 21 Characters)	
Birthdate (MM/DD/YYYY)	Place of Birth	Citizenship	Gender
Mother's Maiden Name		SSS No.	TIN
Current Address (Bldg., Street No., Street, Subd, City)			Zip Code
Permanent Address (Bldg., Street No., Street, Subd, City)			
Home Phone	Home Ownership <input type="checkbox"/> Owned (Not Mortgaged) <input type="checkbox"/> Owned (Mortgaged) <input type="checkbox"/> Living with Parents/Relatives <input type="checkbox"/> Rented	Years/Months of Stay _____	Do you own a car? <input type="checkbox"/> No <input type="checkbox"/> Yes How many? _____ <input type="checkbox"/> Mortgaged <input type="checkbox"/> Not Mortgaged
Mobile Phone			Educational Attainment <input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> Some College <input type="checkbox"/> Post Graduate
Email Address			
SPOUSE INFORMATION			
Name (Last Name, First Name, Middle Name)			Birthdate (MM/DD/YYYY)
Employer's Name	Position	Years/Months with Firm	Office Phone
Office Address			Zip Code
WORK AND FINANCES			
Employer's Name			Unit/Dept./Branch
Position	Years/Months with Firm	Office Phone	Email Address
Office Address			Zip Code
Gross Annual Income		Other Income	Other Source of Income
Credit Cards		Bank Accounts	
Issuer	Card Number	Credit Limit	Date Issued
		Bank Name	Type of Account
SUPPLEMENTARY CARDS <small>(Should be 14 Years Old & Above)</small>			
Name (Last Name, First Name, Middle Name)		Name (Last Name, First Name, Middle Name)	
Name to Appear on Card (Maximum of 21 Characters)		Name to Appear on Card (Maximum of 21 Characters)	
Birthdate (MM/DD/YYYY)	Relationship to Cardholder	Birthdate (MM/DD/YYYY)	Relationship to Cardholder
Spend Limits		Spend Limits	
Signature		Signature	
RELATIVE NOT LIVING WITH YOU			
Name (Last Name, First Name, Middle Name)			Relationship
Permanent Address		Home Phone	Mobile Phone
MODE OF PAYMENT			
Peso	<input type="checkbox"/> Pay to Bank <input type="checkbox"/> Auto Debit my Equicom Savings Bank Acct No. _____	<input type="checkbox"/> Full Amount	<input type="checkbox"/> Minimum Amount Due
Dollar	<input type="checkbox"/> Pay to Bank <input type="checkbox"/> Auto Debit my Equicom Savings Bank Acct No. _____	<input type="checkbox"/> Full Amount	<input type="checkbox"/> Minimum Amount Due
BILLING ADDRESS			
Card and Monthly Statements will be delivered: <input type="checkbox"/> Home <input type="checkbox"/> Office			
UNDERTAKING			
By signing this Equicom Savings Bank Visa Credit Card application form, I/We certify that I/We have read, understood and agree to abide by and be governed by the terms and conditions governing the issuance and use of the Equicom Savings Bank Credit Card and all future amendments thereto. I/We warrant that all information given in this application form is true and correct.			
I/We hold ourselves jointly and severally liable for all obligations and liabilities incurred with the use of the Equicom Savings Bank Credit Card and extension cards and, in the event my/our application for an Equicom Savings Bank Credit Card is disapproved, Equicom Savings Bank is under no obligation to provide me/us with the reason for such a decision.			
_____		_____	
Applicant's Signature		Date	
FOR PAYMENT SERVICES DIVISION USE ONLY			
Notes:	<input type="checkbox"/> Approved	<input type="checkbox"/> VISA Gold	Peso Limit _____
	<input type="checkbox"/> Reject Reason _____	<input type="checkbox"/> VISA Classic	Dollar Limit _____
	Processed by:	Approved by:	Date