



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 | | Civil Status | | | |
| Mother's Maiden Name | | | | SSS No. | | TIN | | Number of Dependents | | | |
| Current Address (Bldg., Street No., Street, Subd, City) | | | | | | | | Zip Code | | | |
| Permanent Address (Bldg., Street No., Street, Subd, City) | | | | | | | | | | | |
| Home Phone | | Home Ownership | | Years/Months of Stay | | Do you own a car? | | Educational Attainment | | | |
| Mobile Phone | | <input type="checkbox"/> Owned (Not Mortgaged) | | | | <input type="checkbox"/> No | | <input type="checkbox"/> High School | | | |
| | | <input type="checkbox"/> Owned (Mortgaged) | | | | <input type="checkbox"/> Yes | | <input type="checkbox"/> College | | | |
| | | <input type="checkbox"/> Living with Parents/Relatives | | | | How many? _____ | | <input type="checkbox"/> Some College | | | |
| Email Address | | <input type="checkbox"/> Rented | | | | <input type="checkbox"/> Mortgaged | | <input type="checkbox"/> Post Graduate | | | |
| | | <input type="checkbox"/> Not Mortgaged | | | | | | | | | |
| 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 (Should be 14 Years Old & Above) | | | | | | | | | | | |
| 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"/> Full Amount | | <input type="checkbox"/> Minimum Amount Due | | | |
| | | <input type="checkbox"/> Auto Debit my Equicom Savings Bank Acct No. _____ | | | | | | | | | |
| Dollar | | <input type="checkbox"/> Pay to Bank | | | | <input type="checkbox"/> Full Amount | | <input type="checkbox"/> Minimum Amount Due | | | |
| | | <input type="checkbox"/> Auto Debit my Equicom Savings Bank Acct No. _____ | | | | | | | | | |
| BILLING ADDRESS | | | | | | | | | | | |
| Card and Monthly Statements will be delivered: <input type="checkbox"/> Home <input type="checkbox"/> Office | | | | | | | | | | | |
| UNDERTAKING | | | | | | | | | | | |
| <p>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.</p> <p>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.</p> | | | | | | | | | | | |
| 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 | | | | |