



Opening Doors, Building Tomorrows.

EqB PURCHASE DEALS FORM

Name of Cardholder/Applicant:

Last Name				First Name				MiddleName			
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Credit Card No.
(if applicable):

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Expiry Date: _____

Contact Details:

Billing Address: _____

Home/Office Number: _____

Mobile _____

Email Address: _____

Amount Applied for _____ Preferred Term: _____

PLEASE DEPOSIT THE PROCEEDS TO:

Name of Account Holder: _____

Account Number: : _____

Bank: _____

Type of Account: _____ Current Account _____ Savings Account

By signing on this EqB Purchase Deals Form, I hereby agree to be bound by the terms and conditions ("T&C") of the EqB Purchase Deals Program and comply with the requirements set forth herein, as may be amended or supplemented by Equicom Savings Bank from time to time. I further agree to be bound by the T&C and mechanics of any existing and future promotion/s of Equicom Savings Bank in connection with the EqB Purchase Deals program, and by the T&C governing the issuance and use of the Equicom Savings Bank Credit Cards, all as may be amended or supplemented by Equicom Savings Bank from time to time. I likewise agree that in case of insufficient credit limit, Equicom Savings Bank has the sole discretion to approve only a portion of the amount applied without prior notification to me; that Equicom Savings Bank shall have the absolute and exclusive right to approve or reject applications for EqB Purchase Deals that in case my EqB Purchase Deals application is approved, Equicom Savings Bank is authorized to effect the payment of my obligation as specified herein. I understand that in case of disapproval, Equicom Savings Bank is under no obligation to notify me of such disapproval nor discuss the reason/s thereof.

Signature over Printed Name

Date Requested