



EqB PAYMENT DEALS PROGRAM FORM

Opening Doors, Building Tomorrows.

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:

Home/Office _____

Mobile _____

Email Address: _____

TRANSACTION TO BE CONVERTED TO INSTALLMENTS

Name of Merchant _____ Transaction Date: _____

Amount to be Transferred _____ Preferred Term: _____

TRANSACTION TO BE CONVERTED TO INSTALLMENTS

Name of Merchant _____ Transaction Date: _____

Amount to be Transferred _____ Preferred Term: _____

By signing on this EqB Payment Deals Program Form, I hereby agree to be bound by the terms and conditions ("T&C") of the EqB Payment 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 Payment 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 Payment Deals Program that in case my EqB Payment Deals Program 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