



NOTE: All fields are mandatory. Mark the box with "X" and put N.A. where it is not applicable. Application processing will start only upon submission of all documentary requirements. Incomplete applications will not be processed.

										Customer Information No.									
GENERAL INFORMATION																			
Full Business/Company Name																			
Business Address <i>(Lot/Blk No., House/Unit No., Floor No./Building Name, Subdivision/Village, City/Province)</i>																		Zip Code	
Name of Business/Company to Appear on Card <i>(Maximum of 23 characters including spaces)</i>																			
EqB Accountholder					EqB Branch of Account					EqB Account Number					Tax Identification Number				
<input type="checkbox"/> Yes <input type="checkbox"/> No																			
Place of Incorporation					Years/Months in Business					Number of Employees									
SSS/GSIS Number					Tax Identification Number (TIN)					Type of Business									
										<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Others _____									

AUTHORIZED SIGNATORY 1 INFORMATION				
Full Name (Last Name, Middle Name, First Name)				
Mother's Maiden Name	Date of Birth (MM/DD/YYYY)	Place of Birth	Citizenship	
Gender	Civil Status	Rank/Position	Department	
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Single <input type="checkbox"/> Married	<input type="checkbox"/> Widowed <input type="checkbox"/> Legally Separated		
SSS/GSIS Number		Tax Identification Number (TIN)	Source of Funds	
Present Home Address (Lot/Blk No., House/Unit No., Floor No./Building Name, Subdivision/Village, City/Province)			Zip Code	
Length of Stay ____ Years ____ Months				
<input type="checkbox"/> Owned <input type="checkbox"/> Living with Parents/Relatives <input type="checkbox"/> Company Provided <input type="checkbox"/> Mortgaged PHP ____/mo. <input type="checkbox"/> Rented PHP ____/mo.				
Permanent Home Address (Lot/Blk No., House/Unit No., Floor No./Building Name, Subdivision/Village, City/Province)			Zip Code	
Length of Stay ____ Years ____ Months				
<input type="checkbox"/> Owned <input type="checkbox"/> Living with Parents/Relatives <input type="checkbox"/> Company Provided <input type="checkbox"/> Mortgaged PHP ____/mo. <input type="checkbox"/> Rented PHP ____/mo.				
Home Landline Number		Mobile Number	Email Address	

AUTHORIZED SIGNATORY 2 INFORMATION				
Full Name <small>(Last Name, Middle Name, First Name)</small>				
Mother's Maiden Name	Date of Birth <small>(MM/DD/YYYY)</small>	Place of Birth	Citizenship	
Gender	Civil Status	Rank/Position	Department	
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Single <input type="checkbox"/> Married	<input type="checkbox"/> Widowed <input type="checkbox"/> Legally Separated		
SSS/GSIS Number		Tax Identification Number (TIN)	Source of Funds	
Present Home Address <small>(Lot/Blk No., House/Unit No., Floor No./Building Name, Subdivision/Village, City/Province)</small>				Zip Code
<div> <div>Length of Stay</div> <div> <div>____</div> <div>Years</div> <div>____</div> <div>Months</div> </div> </div>				
<input type="checkbox"/> Owned <input type="checkbox"/> Living with Parents/Relatives <input type="checkbox"/> Company Provided <input type="checkbox"/> Mortgaged PHP _____/mo. <input type="checkbox"/> Rented PHP _____/mo.				
Permanent Home Address <small>(Lot/Blk No., House/Unit No., Floor No./Building Name, Subdivision/Village, City/Province)</small>				Zip Code
<div> <div>Length of Stay</div> <div> <div>____</div> <div>Years</div> <div>____</div> <div>Months</div> </div> </div>				
<input type="checkbox"/> Owned <input type="checkbox"/> Living with Parents/Relatives <input type="checkbox"/> Company Provided <input type="checkbox"/> Mortgaged PHP _____/mo. <input type="checkbox"/> Rented PHP _____/mo.				
Home Landline Number		Mobile Number	Email Address	

**As indicated in the Secretary's Certificate, please provide copies of the Authorized Signatories' valid IDs. Please attach a separate sheet if more than two (2) signatories.*

STOCKHOLDERS/OFFICERS		
Name	Official Title	Interest in Business

TRADE REFERENCES			
Top Three (3) Suppliers	Business Address	Business Number	Credit Line/Terms
Top Three (3) Clients	Business Address	Business Number	Credit Line/Terms

MODE OF PAYMENT	
<div><input type="checkbox"/> Pay to Bank<div><input type="checkbox"/> Peso <input type="checkbox"/> U.S. Dollar</div><input type="checkbox"/> Auto Debit my Equicom Savings Bank Peso Account No. <div><input type="checkbox"/> Full <input type="checkbox"/> Minimum</div></div> <div><input type="checkbox"/> Auto Debit my Equicom Savings Bank Dollar Account No. <div><input type="checkbox"/> Full <input type="checkbox"/> Minimum</div></div>	

AUTHORIZED CONTACT PERSON			
Full Name <small>(Last Name, Middle Name, First Name)</small>			
Employer/Business Address <small>(Lot/Blk No., House/Unit No., Floor No./Building Name, Subdivision/Village, City/Province)</small>			Zip Code
Rank/Position	Office Phone Number	Mobile Number	Email Address

REWARD CARD ASSIGNEE			
Full Name <small>(Last Name, Middle Name, First Name)</small>			Date of Birth <small>(MM/DD/YYYY)</small>
Present Address <small>(Lot/Blk No., House/Unit No., Floor No./Building Name, Subdivision/Village, City/Province)</small>			Zip Code
Permanent Address <small>(Lot/Blk No., House/Unit No., Floor No./Building Name, Subdivision/Village, City/Province)</small>			Zip Code
Place of Birth	Citizenship	Tax Identification Number (TIN)	SSS/GSIS Number
Rank/Position	Office Phone Number	Mobile Number	Email Address

UNDERTAKING
<p>By signing this Equicom Savings Bank Credit Card Application Form, I/we certify that I/we have accessed, read, understood, and agreed to abide by the Terms and Conditions on the issuance and use of the Equicom Savings Bank Credit Card as found in www.equicomsavings.com. Equicom Savings Bank may from time to time change the Terms and Conditions for reasons it may deem proper, amend or revise or modify through sending of a written notice, as well as publication, an announcement in the statement of accounts or such other reasonable means as may be determined by Equicom Savings Bank, in which case, the Cardholder's continuous use of the credit card or the absence of a written notice of termination within the period stated above, will be deemed as acknowledgment and acceptance of the amendments or revision.</p> <p>By submitting this application, I authorize Equicom Savings Bank to collect, process, and store my personal data in accordance with the Data Privacy Act of 2012 (R.A. 10173) and its Privacy Statement found in https://www.equicomsavings.com/privacy-policy/. My information may be shared with regulatory authorities, credit bureaus, and third-party service providers for credit evaluation, fraud prevention, and account management. I acknowledge my right to access, update, or request deletion of my data by contacting Equicom Savings Bank.</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, 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>

<div>SIGNATURE VERIFIED BY</div> <div>SIGNATURE VERIFIED BY</div> <div>SIGNATURE VERIFIED BY</div> <div>SIGNATURE VERIFIED BY</div>	<div>Authorized Signatory 1 Signature Above Printed Name</div> <div>Authorized Signatory 2 Signature Above Printed Name</div> <div>Authorized Signatory 3 Signature Above Printed Name</div>	<div>Date <small>(MM/DD/YYYY)</small></div> <div>Date <small>(MM/DD/YYYY)</small></div> <div>Date <small>(MM/DD/YYYY)</small></div>
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