EQUICOM



FOR BUSINESS ENTITY

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.

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*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 i	n 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		
🗆 Pay to Bank			
Peso U.S. Dollar			
Auto Debit my Equicom Savings Bank Peso Accor	unt No		

Full Minimum

Full Name (Last Name, Middle Name, First Name)

□ Auto Debit my Equicom Savings Bank Dollar Account No. □ Full □ Minimum

AUTHORIZED CONTACT PERSON

Employer/Business Addre	SS (Lot/Blk No., House/Unit No., Floor No./Building Name	r, Subdivision/Village, City/Province)		Zip Code
Rank/Position	Office Phone Number	Mobile Number	Email Address	
	DEW/AD	D CARD ASSIGNEE		
F ull Name (Last Name, Middle N		CARD ASSIGNEE	Date of Birth (MM)	/DD/YYYY)
Present Address (Lot/Blk No.,	House/Unit No., Floor No./Building Name, Subdivision/Vill	lage, City/Province)		Zip Code
Permanent Address (Lot/Blk	No., House/Unit No., Floor No./Building Name, Subdivision	n/Village, City/Province)		Zip Code
Place of Birth	Citizenship	Tax Identification Number (TIN)	SSS/GSIS Numbe	r
Rank/Position	Office Phone Number	Mobile Number	Email Address	
		IDERTAKING		

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.

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.

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.

BY		
N 38UTANOS	Authorized Signatory 1 Signature Above Printed Name	Date (MM/DD/YYYY)
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анит _{либрр}	Authorized Signatory 2 Signature Above Printed Name	Date (MM/DD/YYYY)
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Authorized Signatory 3 Signature Above Printed Name

Date (MM/DD/YYYY)

Equicom Savings Bank is regulated by the Bangko Sentral ng Pilipinas: https://bsp.gov.ph Revised as of May 2025