



Business Details

Business name: _____
 Company Name for Card Embossing: _____ Primary Account Number: _____
Each card issued will bear the Company Embossing Name and the Cardholder Name

Cardholder #1

Mr. Mrs. Ms. Miss Date of Birth (dd/mm/yy): ____ / ____ / ____
 Full Name (first, middle, last): _____
 Name as it should appear on card: _____ (max 19 characters including spaces)
 Street Address: _____
 Mailing Address: _____
 Shipping Address: _____
 Tel. Home: _____ Tel. Mobile: _____ Tel. Work: _____
 Email: _____

Cardholder #2 (if applicable)

Mr. Mrs. Ms. Miss Date of Birth (dd/mm/yy): ____ / ____ / ____
 Full Name (first, middle, last): _____
 Name as it should appear on card: _____ (max 19 characters including spaces)
 Street Address: _____
 Mailing Address: _____
 Shipping Address: _____
 Tel. Home: _____ Tel. Mobile: _____ Tel. Work: _____
 Email: _____

Cardholder #3 (if applicable)

Mr. Mrs. Ms. Miss Date of Birth (dd/mm/yy): ____ / ____ / ____
 Full Name (first, middle, last): _____
 Name as it should appear on card: _____ (max 19 characters including spaces)
 Street Address: _____
 Mailing Address: _____
 Shipping Address: _____
 Tel. Home: _____ Tel. Mobile: _____ Tel. Work: _____
 Email: _____

Authorisation

Each Applicant must be a signatory authorised to perform transactions on the account. Authorised Signing Officers on the account are required to sign the application form authorising issuance of the card.

The Account holder acknowledges and agrees that:

- A. notwithstanding any provision to the contrary in the Account Mandate:
 1. a bizline™ Visa Business Debit card ("Card") may be issued to every signatory on the Account (each a "Cardholder");
 2. each Cardholder is authorised to use the Card;
 3. each use of the Card to withdraw funds from the Account results in a debit from the Account ("Debit"); and
 4. the Account holder is liable for the total of all Debits resulting from all uses of the Card(s) (regardless of whether the Debits exceed the Cardholder's Authorised Limit stated in the Account Mandate).
- B. the maximum amount of all Debits for all uses of the Card in a day is the Account holder's daily transaction limit;
- C. the maximum amount of a Debit for each use of the Card in a day is the balance then available in the Account holder's daily transaction limit.

Authorisation

It is understood that by signing, activating and/or using the Card, the Applicant and all Cardholder(s) have received and read the terms and conditions set out in the Cardholder Agreement ("Agreement") applicable to the product/program. It is understood that if the Applicant and all Cardholder(s) do not receive a copy of the Agreement or have questions regarding the Agreement, contact will be made with CIBC FirstCaribbean. The Applicant and all Cardholder(s) agree to pay all fees incurred in the issuance of the Card including applicable rush card or joining fees or other applicable fee. Whether or not the Card is issued, the Applicant and all Cardholder(s) consent to CIBC FirstCaribbean exchanging information with other parties, other agents, including CIBC FirstCaribbean overseas associates, contractors, card issuers and card processors. Further, the Applicant and all Cardholders agree that CIBC FirstCaribbean may share information about the Account through licensed credit reference agencies and other financial institutions. Shared information from these agencies or institutions is used to make lending decisions and to prevent fraud. The Applicant and all Cardholder(s) certify under penalty of perjury that the information provided in this Application is accurate and correct.

Authorised Signing Officer #1 _____ Date (dd/mm/yy): ____ / ____ / ____
 Authorised Signing Officer #2 _____ Date (dd/mm/yy): ____ / ____ / ____
 Authorised Signing Officer #3 _____ Date (dd/mm/yy): ____ / ____ / ____

BANK USE ONLY

Card Type: Business Debit [] Completed by: _____ Signature _____
 ISO Country Code [] [] [] Currency [] [] [] [] Branch & Transit [] [] [] [] [] [] [] [] CIF # [] [] [] [] [] [] [] []

AUTHORISATION: Authorised by: _____ Signature: _____ Date (dd/mm/yy): ____ / ____ / ____