



VISA

Visa Business Card Application

1. Business Details

Full Legal Name of the Business

Type of legal entity

- Sole Trader Partnership
- Company Trading Trust

Industry

Business Physical Address

STREET

SUBURB

TOWN

CITY

Contact Person

Business Phone Number

Business Fax Number

Mobile Number

Business Postal Address (if different from Physical Address)

STREET

SUBURB

TOWN

CITY

2. Tell us about your Business

When did your Business start trading?

MONTH/YEAR IF LESS THAN TWO YEARS AGO, REFER TO 'IMPORTANT INFORMATION'

When did your Business open an account with The National Bank?

MONTH/YEAR IF LESS THAN SIX MONTHS AGO, REFER TO 'IMPORTANT INFORMATION'

Who was your previous financial provider and when did you open an account with them? (if you have been with us less than six months)

E.G. ASB, BNZ MONTH/YEAR

Do we hold recent financial accounts for your Business? (Balance Sheet and Profit & Loss Statement dated within the last 18 months). If not, please attach these to your application.

YES/NO IF NO, REFER TO 'IMPORTANT INFORMATION'

Important Information

If recent financial accounts are not available, or your Business has operated for less than two years, or your Business has held accounts with National Bank for less than six months, additional information may be required to support this application. Please complete this application and call The National Bank on 0800 741 741 to arrange a discussion with a National Bank Business Banking Manager.

3. Principal Details

THE BUSINESS AND THE PRINCIPAL(S) WILL BE JOINTLY AND SEVERALLY LIABLE FOR ALL TRANSACTIONS CARRIED OUT ON THE BUSINESS CARD ACCOUNT.

1st Principal details

DIRECTOR / PARTNER / TRUSTEE / SOLE PROPRIETOR (CIRCLE ONE)

TITLE	FIRST NAME	MIDDLE NAME	SURNAME
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

DATE OF BIRTH	HOME PHONE NUMBER	DRIVER'S LICENCE NUMBER
DAY/MONTH/YEAR <input type="text"/>	<input type="text"/>	<input type="text"/>

RESIDENTIAL ADDRESS	HOW LONG HAVE YOU LIVED THERE?
STREET <input type="text"/>	YEARS/MONTHS <input type="text"/>
SUBURB <input type="text"/> TOWN <input type="text"/>	

DO YOU CURRENTLY:

OWN YOUR OWN HOME RENT LIVE WITH PARENTS BOARD

HOW LONG HAVE YOU OPERATED THIS BUSINESS?	HOW LONG HAVE YOU BEEN IN THIS LINE OF BUSINESS?
YEARS/MONTHS <input type="text"/>	YEARS/MONTHS <input type="text"/>

ASSETS:		LIABILITIES:	
CASH AND DEPOSITS	\$ <input type="text"/>	OVERDRAFTS	\$ <input type="text"/>
SUPERANNUATION	\$ <input type="text"/>	MORTGAGE/LOANS	BANK <input type="text"/> \$ <input type="text"/>
OTHER INVESTMENTS	\$ <input type="text"/>	HIRE PURCHASE	ISSUER <input type="text"/> \$ <input type="text"/>
REAL ESTATE (GV VALUE)	\$ <input type="text"/>	CREDIT CARD	ISSUER <input type="text"/> \$ <input type="text"/>
VEHICLES / BOATS	\$ <input type="text"/>	CREDIT CARD	ISSUER <input type="text"/> \$ <input type="text"/>
OTHER ASSETS	\$ <input type="text"/>	OTHER LIABILITIES	\$ <input type="text"/>
TOTAL ASSETS	\$ <input type="text"/>	TOTAL LIABILITIES	\$ <input type="text"/>

2nd Principal details

DIRECTOR / PARTNER / TRUSTEE / SOLE PROPRIETOR (CIRCLE ONE)

TITLE	FIRST NAME	MIDDLE NAME	SURNAME
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

DATE OF BIRTH	HOME PHONE NUMBER	DRIVER'S LICENCE NUMBER
DAY/MONTH/YEAR <input type="text"/>	<input type="text"/>	<input type="text"/>

RESIDENTIAL ADDRESS	HOW LONG HAVE YOU LIVED THERE?
STREET <input type="text"/>	YEARS/MONTHS <input type="text"/>
SUBURB <input type="text"/> TOWN <input type="text"/>	

DO YOU CURRENTLY:

OWN YOUR OWN HOME RENT LIVE WITH PARENTS BOARD

HOW LONG HAVE YOU OPERATED THIS BUSINESS?	HOW LONG HAVE YOU BEEN IN THIS LINE OF BUSINESS?
YEARS/MONTHS <input type="text"/>	YEARS/MONTHS <input type="text"/>

ASSETS:		LIABILITIES:	
CASH AND DEPOSITS	\$ <input type="text"/>	OVERDRAFTS	\$ <input type="text"/>
SUPERANNUATION	\$ <input type="text"/>	MORTGAGE/LOANS	BANK <input type="text"/> \$ <input type="text"/>
OTHER INVESTMENTS	\$ <input type="text"/>	HIRE PURCHASE	ISSUER <input type="text"/> \$ <input type="text"/>
REAL ESTATE (GV VALUE)	\$ <input type="text"/>	CREDIT CARD	ISSUER <input type="text"/> \$ <input type="text"/>
VEHICLES / BOATS	\$ <input type="text"/>	CREDIT CARD	ISSUER <input type="text"/> \$ <input type="text"/>
OTHER ASSETS	\$ <input type="text"/>	OTHER LIABILITIES	\$ <input type="text"/>
TOTAL ASSETS	\$ <input type="text"/>	TOTAL LIABILITIES	\$ <input type="text"/>

IF YOUR BUSINESS HAS MORE THAN TWO PRINCIPALS, WE WILL NEED INFORMATION ON THOSE PEOPLE. PLEASE ATTACH THE ADDITIONAL INFORMATION TO THIS APPLICATION IN THE FORMAT NOTED ABOVE.

4. Visa Business Card Details

Please tick which option you wish to apply for

- Visa Business Card Low Interest Rate
- Visa Business Card Interest-free Days
- Visa Business Card CashBack Rewards

Credit Card Account Limit Requested \$

I/We understand that credit limits will be determined by The National Bank in its sole discretion.

If you would like to meet your monthly card payments by Direct Debit, please select which payment option you would like.

- Paid in full by Automated Direct Debit
- Meet the minimum payment by Automated Direct Debit
- Meet a set amount by Automated Direct Debit

Please make sure you complete the 'Authority to Accept Direct Debits'.

5. Visa Business Cardholder Schedule

Please provide National Bank Visa Business Card(s) in the following name(s). I/We undertake to ensure that the Card(s) are delivered to and signed by the person(s) named on the following page. I/We also understand that the Business and the Principal(s) will be jointly and severally liable for all transactions carried out on the Business Card account.

Principal	Surname	First Name	Spend Limit *	Cash Advance Limit*
Y/N			\$	\$
Y/N			\$	\$
Y/N			\$	\$
Y/N			\$	\$
Y/N			\$	\$
Y/N			\$	\$
Y/N			\$	\$
Y/N			\$	\$
Y/N			\$	\$
Y/N			\$	\$

*THE SPEND LIMIT DETERMINES THE TOTAL AMOUNT, AS A DOLLAR VALUE OF PURCHASES, THAT A CARDHOLDER MAY SPEND ON THEIR CARD DURING THE MONTHLY STATEMENT CYCLE PERIOD (EXCLUDING CASH ADVANCES). THE CASH ADVANCE LIMIT DETERMINES THE TOTAL AMOUNT, AS A DOLLAR VALUE, OF CASH ADVANCES A CARDHOLDER MAY MAKE ON THEIR CARD DURING THE MONTHLY STATEMENT CYCLE PERIOD. IF THE CARDHOLDER IS A PRINCIPAL, THE MONTHLY SPEND LIMIT AND MONTHLY CASH ADVANCE LIMIT WILL NOT APPLY. PRINCIPALS WILL BE ABLE TO ACCESS THE FULL CREDIT CARD ACCOUNT LIMIT.

Link your other business accounts to your Visa Business Card (available to Principals only)

Please list below, the National Bank Business accounts you would like Principal cardholders to be able to access on their Visa Business Card. For easier access at ATMs, please indicate whether you would like them to be linked as a main Current account (c) or a Savings account (s).

Business Current Account

Other account

Security password

May be required to identify Principals when they call the Bank for assistance.

1st Principal password 2nd Principal password

IF THERE ARE MORE THAN TWO PRINCIPALS, PLEASE ATTACH THE ADDITIONAL PASSWORD DETAILS TO THIS APPLICATION.

Business CardSafe Insurance (optional)

The threat of not being able to run your Business due to injury or illness is very real. Loss of income can happen to any of us which is why we provide this insurance product underwritten by CIGNA Life Insurance New Zealand Limited. Business CardSafe covers your repayments when you can't. All Principal cardholders will be covered by the policy. Details about CardSafe can be found in the Visa Business Card brochure. Your monthly premium is \$0.59 for each \$100 of your Visa Business Card account balance, shown on your monthly statement. Should you accept a full policy document will be sent to you to review and you can return this within 30 days if not fully satisfied. Yes, I/we would like to accept Business CardSafe Insurance

Business name to appear on all cards (max. 25 characters including spaces)

Preferred monthly statement closing date

You will need to pay the minimum sum due within 25 days after this statement closing date.

Visa Information Source Business Select – Electronic Reporting

Which Electronic Reporting package do you require?

- Business Delivery** – Four reports automatically sent to your nominated email address (Cardholder Detail – Monthly, Spending by MCG Detail – Quarterly, GST Summary – Quarterly, Card Accounts with Activity – Annually)
- Business Online** – Six reports accessed online via Visa Information Source (Cardholder Detail, GST Detail, GST Summary, Spending by MCG Detail, Card Accounts with Activity, Annual Cardholder Summary)

Email Address (required for electronic reporting packages)

Transfer your debit balance

If your Business has a credit card balance at another bank or financial institution you can transfer this to your Visa Business Card account with The National Bank.

Details of the credit card account you wish to transfer:

Card Provider	<input type="checkbox"/> ANZ	<input type="checkbox"/> ASB	<input type="checkbox"/> BNZ	<input type="checkbox"/> Kiwibank	<input type="checkbox"/> Westpac	<input type="text"/>	Other (please specify)
Card type	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Bankcard	<input type="checkbox"/> Amex	<input type="checkbox"/> Diners	<input type="text"/>	Other (please specify)
Current balance	\$ <input type="text"/>	Card Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Card Name <input type="text"/>

THE NATIONAL BANK MAY CHOOSE TO TRANSFER LESS THAN THE NOMINATED AMOUNT IF IT IS GREATER THAN 95% OF THE CREDIT LIMIT APPROVED BY THE NATIONAL BANK. I/WE UNDERSTAND THAT IF I/WE WISH TO CLOSE THE NON-NATIONAL BANK ACCOUNT, I/WE WILL NEED TO CONTACT THE ISSUER OF THE CARD AND ARRANGE CLOSURE. FOR FULL BALANCE TRANSFER TERMS AND CONDITIONS, SEE THE VISA BUSINESS CARD CONDITIONS OF USE.

6. Personal information and your declaration

The Business and each of the Principals understand and authorise that:

- The information provided in this application will be securely held by ANZ National Bank Limited ('Bank') and, where applicable, may be accessed and corrected under the Privacy Act 1993.
- The information may be used by the Bank to consider this application for facilities, products or services, or any future applications for facilities product or services.
- The information may be used to administer, manage and monitor any facilities, products or services provided to the Business and/or the Principal(s), and to conduct market research, data processing and statistical analysis.
- Unless the Business disagrees, the information may also be used to provide it with information about other facilities, products or services including selected third party products or services.
- The Bank may disclose information about the individual cardholder(s), the Principal(s) and the Business to its related companies (as defined by the Companies Act 1993), agents or contractors for the above purposes.
- The Bank may also disclose information about the Principal(s) and the Business to credit reference agencies for the purpose of obtaining a credit report on the Business or the Principal(s). Those credit reference agencies may retain that information and provide it to their customers who use their credit reporting services. If the Business or the Principal(s) default in any obligations to the Bank then information about them may be disclosed to credit reference agencies or debt recovery agencies and retained by them. Those agencies may provide that information to their customers who use their credit reporting services.
- The Bank may obtain information and make such enquiries about the Principal(s) or the Business as the Bank considers warranted from any sources including its related companies (as defined by the Companies Act 1993) and credit reference agencies for the above purposes.

I/We understand that the Business and the Principal(s) will be jointly and severally liable for all transactions carried out on the Business Card account.

The Business and the Principal(s) each certify that the information contained in this application is true and complete and that the Principal(s) have reached 18 years of age. The Business and Principal(s) acknowledge that the Bank may cancel or decline the application or the Card(s) if any of the information is incorrect. The Business and Principal(s) understand that this application is subject to the Bank's Visa Business Card Conditions of Use and agree to be bound by those Conditions of Use. A copy of the Conditions of Use will be sent to the Business's address with the Card(s) if this application is accepted. Each Principal certifies that he/she is not an undischarged bankrupt or liable under any proceedings under the Insolvency Act 1967 or the Insolvency Act 2006 and their amendments.

If this application is for a Company, it must be signed by all directors. If the company only has one director, that director's signature must be witnessed.

Signature of Director	<input type="text"/>	Name of Director	<input type="text"/>	Date	<input type="text" value="DAY/MONTH/YEAR"/>
Signature of Director	<input type="text"/>	Name of Director	<input type="text"/>	Date	<input type="text" value="DAY/MONTH/YEAR"/>
In the presence of	<input type="text"/>	Name & address of Witness	<input type="text"/>	Date	<input type="text" value="DAY/MONTH/YEAR"/>
		<input type="text"/>			
		<input type="text"/>			

If this application is for a Partnership, Trading Trust or Sole Trader, it is to be signed by all partners, all trustees or the Sole Trader.

Signature of Partner / Trustee / Sole Trader	<input type="text"/>	Name of Partner / Trustee / Sole Trader	<input type="text"/>	Date	<input type="text" value="DAY/MONTH/YEAR"/>
Signature of Partner / Trustee / Sole Trader	<input type="text"/>	Name of Partner / Trustee / Sole Trader	<input type="text"/>	Date	<input type="text" value="DAY/MONTH/YEAR"/>

Next Steps

Please forward your application, direct debit form (if applicable) and any additional financial information required to your local Business Banking Manager, or drop your application into your local National Bank branch. Once approved, please allow up to seven days for the Card(s) to arrive. If you have any questions or need help to complete this application, call the National Bank on **0800 741 741**.

FOR BANK USE ONLY		In No	<input type="text"/>
Customer RM Number	<input type="text"/>	Signature	<input type="text"/>
Security required?	<input type="checkbox"/> Directors guarantee <input type="checkbox"/> Other security	Branch	<input type="text"/>
Approved credit limit	<input type="text"/>	Comments	<input type="text"/>
Bizcat application ID	<input type="text"/>		
Relationship Manager Name	<input type="text"/>		

Please fax completed form to 0800 100 267.

THE NATIONAL BANK OF NEW ZEALAND, PART OF ANZ NATIONAL BANK LIMITED

NBC1067A 09/08