



# Credit Card Application Form

**NOTE:** Please complete this form in BLOCK CAPITALS and in black ink. Do not leave any unanswered field. Mark the box with a cross and put N.A. where applicable. Application processing will start only upon submission of all documentary requirements. Incomplete application will not be processed.

Kindly attach the following:

1. Proof of Income
2. Proof of Identification

\*For foreigners, kindly include either: Philippine Visa, Alien Certificate of Registration stating type of Visa held or Immigration Certificate of Registration (\* Documents must have a validity of one (1) year from the date of application

CARDHOLDER INFORMATION									
Name (Last Name, First Name, Middle Name)					Name to Appear on Card (Maximum of 21 Characters)				
Date of Birth (mm/dd/yyyy)		Place of Birth		Citizenship		Gender		Civil Status	
Mother's Maiden Name			SSS/GSIS Number			TIN		Number of Dependents	
Present Address (Lot/Blk No., House/Unit No., Floor No./Building Name, Subdivision/Village, City/Province, Zip Code)							<input type="checkbox"/> Owned <input type="checkbox"/> Living with Relatives <input type="checkbox"/> Renting PhP _____/mo. <input type="checkbox"/> Mortgaged with PhP _____/mo.		
Permanent Address (Lot/Blk No., House/Unit No., Floor No./Building Name, Subdivision/Village, City/Province, Zip Code)							<input type="checkbox"/> Owned <input type="checkbox"/> Living with Relatives <input type="checkbox"/> Renting PhP _____/mo. <input type="checkbox"/> Mortgaged with PhP _____/mo.		
Home Landline Number		Mobile Number		Email Address		Educational Attainment <input type="checkbox"/> High School <input type="checkbox"/> Some College <input type="checkbox"/> College <input type="checkbox"/> Post Graduate		Do you own a car? <input type="checkbox"/> Yes    How many _____? <input type="checkbox"/> Mortgaged <input type="checkbox"/> No <input type="checkbox"/> Not Mortgaged	
SPOUSE INFORMATION									
Name (Last Name, First Name, Middle Name)							Birthdate (mm/dd/yyyy)		
Employer's Name			Position		Years/Months with Firm		Mobile Number		
Office Address (Lot/Blk No., House/Unit No., Floor No./Building Name, Subdivision/Village, City/Province, Zip Code)							Office Phone Number/Local Number		
WORK AND FINANCES									
Employee's Name							Nature of Business		
Position		Unit/Department/Branch			Years/Months with Firm		Email Address		
Office Address (Lot/Blk No., House/Unit No., Floor No./Building Name, Subdivision/Village, City/Province)							Zip Code		
Gross Annual Income		Other Source of Income			Office Phone				
Credit Cards				Bank Accounts					
Issuer	Card Number	Credit Limit	Date Issued	Bank Name		Type of Account			
SUPPLEMENTARY CARD (Should be 14 years old and above. Kindly include Proof of Identification.)									
Name (Last Name, First Name, Middle Name)					Name to Appear on Card (Maximum of 21 Characters)				
Date of Birth (mm/dd/yyyy)		Place of Birth		Citizenship		Gender		Civil Status	
Mother's Maiden Name			SSS/GSIS Number			TIN		Educational Attainment	
Present Address (Lot/Blk No., House/Unit No., Floor No./Building Name, Subdivision/Village, City/Province)							Zip Code		
Permanent Address (Lot/Blk No., House/Unit No., Floor No./Building Name, Subdivision/Village, City/Province)							Zip Code		
Home Phone		Mobile Number		Office Phone Number		Email Address		Source of Funds	
Name of Office/Business			<input type="checkbox"/> Employed <input type="checkbox"/> Self-employed			Position		Nature of Business	
Office Address (Lot/Blk No., House/Unit No., Floor No./Building Name, Subdivision/Village, City/Province, Zip Code)					Gross Monthly Income		Relationship to Principal		
Spend Limit (Peso)		Spend Limit (Dollar)		Supplementary Card Applicant Signature					
RELATIVE NOT LIVING WITH YOU									
Name (Last Name, First Name, Middle Name)							Relationship		
Permanent Address (Lot/Blk No., House/Unit No., Floor No./Building Name, Subdivision/Village, City/Province, Zip Code)					Home Phone		Mobile Phone		
MODE OF PAYMENT									
Peso		<input type="checkbox"/> Pay To Bank <input type="checkbox"/> Auto Debit my Equicom Savings Bank Account No. _____					<input type="checkbox"/> Full Amount <input type="checkbox"/> Minimum Amount Due		
Dollar		<input type="checkbox"/> Pay To Bank <input type="checkbox"/> Auto Debit my Equicom Savings Bank Account No. _____					<input type="checkbox"/> Full Amount <input type="checkbox"/> Minimum Amount Due		
BILLING ADDRESS					INTERNET CARD				
Monthly Statements Will Be Delivered <input type="checkbox"/> Home <input type="checkbox"/> Office					<input type="checkbox"/> I would like to avail of the Internet Card				
UNDERTAKING									
<p>By signing this Equicom Credit Card Application Form, I/We certify that I/we have read, understood and agree to abide and be governed by the Terms and Conditions on the issuance and use of the Equicom Savings Bank Credit Card appearing on the dorsal portion of this application form. The Bank may from time to time change the Terms and Conditions for reason 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 the 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 acknowledgement and acceptance of amendments or revision.</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 extension cards 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>									
_____ Applicant Signature Above Printed Name					_____ Date (mm/dd/yyyy)				
FOR BANK USE ONLY									
Notes:		<input type="checkbox"/> Approved <input type="checkbox"/> Reject Reason _____			<input type="checkbox"/> Visa Gold <input type="checkbox"/> Visa Classic			Peso Limit _____ Dollar Limit _____	
		Processed by: _____			Approved by: _____			Date (mm/dd/yyyy)	

