

I heard about Sagicor Bank Credit Cards	<input type="checkbox"/> Online	<input type="checkbox"/> TV/Radio	<input type="checkbox"/> Magazine	<input type="checkbox"/> Friend	<input type="checkbox"/> Other
Card Delivery Method	<input type="checkbox"/> By Mail	<input type="checkbox"/> Branch	<input type="checkbox"/> Courier (at a cost)		

For prompt application processing, please include the following, signed by authorized Company signatories and stamped with the Company seal:

- Government ID: (Passport, Driver's License, National/Voters) & TRN for each Director/Partner/Cardholder
- Certified Copy of Business Registration Certificate/Certificate of Incorporation, Memorandum & Articles of Association, Business Tax Registration Number (TRN), Tax Compliance Certificate, Certificate of Good Standing
- Last 2 Years audited financial statements or last 2 years' in-house prepared Financial statements with cash flow projections when required
- Last 6 months current/savings account statements (Non-Sagicor customers)

Declaration
 I/We, the undersigned, on behalf of the Applicant authorise Sagicor Bank Jamaica Limited ('the Bank'), to obtain any information as it may require concerning this application including and the Applicant's financial information. I/We warrant and confirm that: (i) the information given herein is true, correct and complete; (ii) I/we understand that the information is being used to determine the Applicant's credit worthiness and the Bank will be relying on the information in evaluating this application; (iii) no information, which might affect the Bank's decision to make a credit facility available, has been withheld; (iv) this application is and shall remain the property of the Bank whether or not the application is granted; (v) The Applicant through its nominated officers are responsible for the use of the card; (vi) The Applicant shall pay all interest on the balance outstanding on the card account, charges and fees at the rate set out in the Bank's schedule of fees as the same may be amended by the Bank from time to time in its absolute discretion; (vii) The Applicant agrees to be bound by the terms and conditions set out in the Cardholder Agreement as the same may be amended from time to time; and (viii) I/we declare that we are duly authorized on behalf of the Applicant and have made this application for and have provided the Bank with the requested evidence of this authorization in accordance with its General Banking Resolution. I/we hereby on behalf of the Applicant authorise and consent to: (a) the Bank setting-off sums due on the card account against funds standing to the Applicant's credit with the Bank; (b) the Bank receiving and/or sharing any credit, financial or other information about the Applicant from or with any of its affiliates, parent company or subsidiaries whether in or outside the jurisdiction, agents, third party assignees, other financial institutions, third party service providers, credit bureaus or credit reporting agencies, regulators in and outside of the jurisdictions in which the Bank does business as may be required by law or from or with any other person or corporation with whom I/we may have or propose to have financial or other business dealings from time to time. The Bank may use the information in this application in respect of any of its present or future services permitted by law. I/We on behalf of the Applicant hereby indemnify the Bank against any loss, claims, damages, liabilities, actions and proceedings and legal and/or other expenses incurred by the Bank as a consequence of the disclosure of the Applicant's credit, financial and/or other information.

ONLINE BANKING DECLARATION
 We/I, (herein after called the Customer), having registered offices at , wish to apply for the Sagicor Bank Jamaica Limited Online Banking Service, "SAGICOR ONLINE". We/I confirm that the information herein provided is true and correct. We/I authorize Sagicor Bank Jamaica Limited to obtain and verify all information required to process this application whether or not the service is approved.

By: _____ / / _____
 Name of Owner/Authorized Person Signature (Month / Day / Year)

By: _____ / / _____
 Name of Owner/Authorized Person Signature (Month / Day / Year)

BANK USE ONLY	
CIF	Branch/Unit
Officer Name:	
Officer #:	Officer Signature
CREDIT RISK USE ONLY	
Approved by	Signature
Credit Limit Assigned	
CARD OPERATIONS USE ONLY	
Credit Card #:	Keyed By
Verified by:	Signature:

SAGICOR BANK JAMAICA LIMITED
 Let's talk. Give us a call at: 1-888-SAGICOR (724-4267) or visit any branch to apply
www.sagicorjamaica.com  



SAGICOR BANK BUSINESS CREDIT CARD APPLICATION FORM



BUSINESS DETAILS

Legal Status: <input type="checkbox"/> Small Business <input type="checkbox"/> Medium Enterprise <input type="checkbox"/> Large Corporate		
Registered: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation/Company <input type="checkbox"/> Government <input type="checkbox"/> Non-Government <input type="checkbox"/> Other		
Business Name:		
Registered Address	Street	City/Town
Parish/State	Country	
Mailing Address (if different from registered address)	Street	City/Town
Parish/State	Country	
Business TRN	Business Phone	Business Fax
Business Email		
Business Website		
Nature of Business		
Length of Business Operation		
Director/Owner: First Name	Last Name	Middle
Address		
Telephone #	Email Address	
Director/Owner: First Name	Last Name	Middle
Address		
Telephone #	Email Address	

FINANCIAL INFORMATION

#of Cards Required	Credit Limit Requested
I'd like to have monthly payments debited from my/our bank account and paid to my/our credit card account: Yes No If yes, please complete the section below.	
Financial Institution	Branch
Total Sales Revenue (last business year)	
Outstanding Financials (i.e., loans - last business year)	
Outstanding Financials (i.e., credit cards - last business year)	
Would you like Automatic Account Debit for your monthly payments? Yes No Full Statement Balance Minimum Payment Balance Fixed Amount of \$ _____ Account Number: _____	
Type of Account: Savings Chequing	Branch:

Note: This account should have sufficient funds in it when the payment is due. The bank is under no obligation to process the payment if enough funds are not in the account. The bank reserves the right to terminate these instructions if there are insufficient funds in the account to process the payment on the payment due date. Cancellation or amendment of these instructions must be given to the bank seven (7) business days before the next payment due date. Fees will be applied if enough funds are not in your account to cover the payment. I confirm that I have read and understood these terms and conditions.

ONLINE BANKING

User ID (If already assigned by the Bank):	Banking Account #:		
Credit Card Viewing Access: Company Cardholder			
EMPLOYEE CARDS REQUIRED			
Ensure ID & TRN is submitted for all cardholders being added to your Company's Business Card. Company Name for Card should not exceed 19 characters. Each card issued will bear the Company Name and the employee name.			
Name: First Name	Last Name	Middle	Mr. Mrs. Miss. Dr.
Job Title			
Telephone #	Email Address:		
Card Credit Limit (If individual limit required)			
_____ Signature of Cardholder			
Name: First Name	Last Name	Middle	Mr. Mrs. Miss. Dr.
Job Title			
Telephone #	Email Address:		
Credit Limit Requested By Company			
_____ Signature Of Cardholder			
Name: First Name	Last Name	Middle	Mr. Mrs. Miss. Dr.
Job Title			
Telephone #	Email Address:		
Credit Limit Requested By Company			
_____ Signature of Cardholder			
Name: First Name	Last Name	Middle	Mr. Mrs. Miss. Dr.
Job Title			
Telephone #	Email Address:		
Credit Limit Requested By Company			
_____ Signature of Cardholder			
Name: First Name	Last Name	Middle	Mr. Mrs. Miss. Dr.
Job Title			
Telephone #	Email Address:		
Credit Limit Requested By Company			
_____ Signature of Cardholder			
Name: First Name	Last Name	Middle	Mr. Mrs. Miss. Dr.
Job Title			
Telephone #	Email Address:		
Credit Limit Requested By Company			
_____ Signature of Cardholder			