CREDITCARD APPLICATION FORM

APPLYING FOR VISA BUSINESS CREDITCARD

Business (USD 1000 - USD 10,000)	USD	Yearly Costs: USD 60
Personal Information		
Last Name	Nationality	
Maiden Name	Marital status	
First Name	ID number	
Date of birth		
Address Information		
Address	Billing Address	
Telephone number (home)	Mobile number	
E-mail address		
Monthly Direct Debit		
Account number		
Information Additional Cardholder		
Last Name		
Maiden Name	Date of birth	
First Name	ID number	
Address	Relationship to cardholder	
	N.B. If not applicable fill in "n/a"	
Preferred Payback Method		
The undersigned agrees to debit his/her account (a	s stated above) in the following m	nanner:
100% of the balance (0% interest);		
☐ Minimum monthly payments (5% of the balance; interest 2% monthly);		
Fixed monthly payments USDmonthly (interest 2% monthly).		











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I prefer to pick up my creditcard at the followin	ng location		
☐ Finabank Centrum – Dr. S. Redmondstraat 59–61	ı, Paramaribo		
Finabank South – Mr. J. Lachmonstraat 49, Paramaribo			
Finabank North – Hk. Jozef Israëlstraat en Kristal	straat, Paramaribo		
☐ Finabank Nickerie – A. K. Doerga Sawhstraat 72,	Nickerie		
Finabank Wanica - Indira Ghandiweg 144, Wan	ica		
Signature client	client Date		
To be filled in by Finabank			
Coverage to be provided			
Cash coverage, USD			
Salary concession			
Mortgage coverage			
Term deposits			
Other			
Details			
Cash Coverage	Yearly Costs		
Name	Name		
Name Debit Account number	Name Debit Account number		
Name Debit Account number Credit Account GL number USD 1701500020003	Name Debit Account number Credit Account GL number USD 1020200020003		
Name Debit Account number Credit Account GL number USD 1701500020003 Processed/Recommended by	Name Debit Account number Credit Account GL number USD 1020200020003 Submitted for Approval to		
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