



DINERS CLUB BUSINESS CHARGE CARD

Travel Account Application

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Please complete ALL sections to avoid delays in processing your application. We may need to contact you to obtain further information in assessing your application.

1. Your Company Details

Your registered company name			
Company name to appear on the Card (Maximum of 26 characters including spaces)			
Physical address Street		Suburb	City
Postal address PO Box/Private Bag		Suburb	City
Nature of Business		Paid up Capital	Year Incorporated
Name of Directors/Partners 1.		2.	
If Subsidiary, please provide name and address of parent company Name		Address	

2. Your Company References

Bank	Branch	Address
Accountants/Auditors Contact name		Phone
Referee 1 Contact name	Phone	Address
Referee 2 Contact name	Phone	Address
Total Assets	Total Liabilities	
Expected Diners Club Business Charge Card expenditure per month: \$		

3. Diners Club Account Details

Account Contact Name	Phone
Would you like to make your payment through Direct Debit? <input type="checkbox"/> Yes <input type="checkbox"/> No	

4. Travel Agent Information

Name of Travel Agent	Contact person		
Postal address PO Box/Private Bag	Suburb	City	Postcode
Phone	Fax	Email	
Travel Account Card to be sent directly to Travel Agent? <input type="checkbox"/> Yes <input type="checkbox"/> No			

5. Declaration

The company named herein applies to Diners Club (NZ) Limited for the issue of Diners Club Travel Account Card. We authorise any person or company to provide Diners Club (NZ) Limited with any information requested by Diners Club for credit reference purposes. Should such card be issued, then the Directors/Officers who sign this application and the Company agrees to be jointly and severally liable for all membership fees and charges incurred by and arising from the use of this card hereon, including any re-issue cards. The Company agrees to indemnify Diners Club (NZ) Limited against any loss or liability whatever arising out of the issue of cards. The Company acknowledges itself bound as would be a cardholder by the terms and conditions applying to the issuance and acceptance of Diners Club Cards from time to time.

Two authorised signatories on behalf of company:

Signature	Signature
Director's name	Director's name
Date	Date

Mail the completed application form to: **Diners Club (NZ) Limited, FreePost 2015, PO Box 1533, Shortland Street, Auckland 1140**

For more information, please call **0800 346 377** or email **business.cards@dinersclub.co.nz**