

DINERS CLUB BUSINESS CHARGE CARD

Company Account Application

Jointly & Severally Liable

CJS

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
Phone	Fax	Email	
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	
Where do you require card fees to be charged? (Please tick one): <input type="checkbox"/> Company Card Account <input type="checkbox"/> Individual Employee Cards	
Club Cash (ATM Cash access) - Do you authorise ATM access for your employees business cards? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Club Rewards Do you authorise Club Rewards membership for your employees business cards? <input type="checkbox"/> Yes <input type="checkbox"/> No	

4. Declaration

The company applies to Diners Club (NZ) Limited for the issue of Diners Club Card(s). We authorise Diners Club (NZ) Limited to obtain credit references. The Directors whom sign this application, the company and the persons to whom the cards are issued agree to be **Jointly and Severally Liable** for all charges on the card. We also agree to be bound by the Diners Club (NZ) Limited Terms and Conditions which accompany the card when issued.

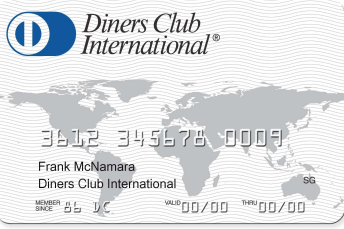
Two authorised signatories on behalf of company:

Signature	Signature
Director s name	Director s name
Date	Date

Please complete an employee application form for each card required.

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**



DINERS CLUB BUSINESS CHARGE CARD

Employee Card Application

Jointly & Severally Liable

EJS

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

1. Your Personal Details

Title (please tick one): <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other (please specify)							
First name(s)		Last name		Date of birth (DD/MM/YY)			
Residential address Street		Suburb		City		Postcode	
Address for the statement to be sent to: (if different from residential address) Street		Suburb		City		Postcode	
Current residential status (please tick one): <input type="checkbox"/> Own <input type="checkbox"/> Rent		Length of residence (please tick one): <input type="checkbox"/> less than 3 years <input type="checkbox"/> 3 years and above Please provide your previous address if less than 3 years:					
Home phone		Mobile		Email			

2. Your Professional Details

Your position in company			Company name		
Length of current employment		Your employee number		Cost centre	
Work phone			Work email		
Your annual gross income (please tick one) <input type="checkbox"/> Under \$30,000 <input type="checkbox"/> \$30,000 - \$40,000 <input type="checkbox"/> \$40,001 - \$50,000 <input type="checkbox"/> Above \$50,000					

3. Security Details (To protect cardmember in the event of lost or stolen card)

Your mother's maiden name:			NZ driver's licence number: 5a			5b			
Details of a nearest relative or friend in New Zealand not living with you Their full name			Relationship to you			Their phone number			
Their address Street			Suburb			City		Postcode	

4. General Details

Other credit card(s) currently held (please tick where applicable): <input type="checkbox"/> AMEX <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Other (please specify)									
Have you ever held a Diners Club card? <input type="checkbox"/> No <input type="checkbox"/> Yes – please provide the card number									
Club Cash (ATM Cash access) – Do you require ATM access for your Diners Club Business Card? <input type="checkbox"/> Yes <input type="checkbox"/> No									
Club Rewards – Do you wish to be enrolled in the Diners Club loyalty programme (fees apply)? <input type="checkbox"/> Yes <input type="checkbox"/> No									
Diners Club Personal Card – Do you wish to receive a Diners Club Personal Card (membership fee of \$68 p.a. – waived for the 1 st year)? <input type="checkbox"/> Yes <input type="checkbox"/> No									

5. Declaration

I hereby apply for the issue to me of a Diners Club Business Card and declare that the information included in this application is true and correct. I acknowledge that Diners Club may use such information for all purpose in connection with the provision of a Diners Club Card to me and my use of such a card. I authorise any person of company to provide Diners Club (NZ) Limited with any information requested by Diners Club for credit reference purposes. Should this application be accepted, I acknowledge that a copy of the Terms and Conditions applying to the issuance and use of the Diners Club card will be forwarded to me and I undertake to be bound by such Terms and Conditions and agree to be **jointly and severally liable** with the company for all charges incurred by or arising from the use of the card.

Applicant's signature				Authorised signatory on behalf of company			
Applicant's name				Name			
Position				Position			
Date				Date			

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