

DINERS CLUB BUSINESS CHARGE CARD

Employee Card Application

Endorsed by:

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			Who is your preferred travel agent?

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 complimentary Diners Club loyalty programme? <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 \$35 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

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



Company Account Application Jointly & Severally Liable

Endorsed by:



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 17 characters including spaces)										Please advise us of your NRC membership number	
- N R C -											
Physical address Street				Suburb				City		Postcode	
Postal address PO Box/Private Bag				Suburb				City		Postcode	
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**

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