



# Butterfield

P.O. Box 705 | Grand Cayman KY1-1107, Cayman Islands

[www.butterfieldgroup.com](http://www.butterfieldgroup.com)

## BUSINESS CARD SERVICES TRANSFER REQUEST FORM

Card Services

### BUSINESS CARD SERVICES TRANSFER REQUEST FORM FROM BUTTERFIELD BUSINESS MASTERCARD® TO BUTTERFIELD / AADVANTAGE® BUSINESS MASTERCARD®

Company's Full Legal Name: \_\_\_\_\_

Current Postal Address: \_\_\_\_\_

Business Telephone Number: \_\_\_\_\_

We hereby request that (i) close our existing Butterfield Business MasterCard® account(s) (listed below) with immediate effect, (ii) open new Butterfield / AAdvantage® Business MasterCard(s)® as designated, and (iii) transfer any outstanding balances to such new Butterfield / AAdvantage MasterCard(s) as designated. We confirm that we agree to abide by the terms and conditions of Butterfield / AAdvantage® Business MasterCard® as set out in the Butterfield / AAdvantage® Business MasterCard® Cardholder Agreement.

Business MasterCard® Account(s) to be closed (Please list name and number on the business card below):

1. Name on card \_\_\_\_\_ Card Number \_\_\_\_\_

2. Name on card \_\_\_\_\_ Card Number \_\_\_\_\_

3. Name on card \_\_\_\_\_ Card Number \_\_\_\_\_

4. Name on card \_\_\_\_\_ Card Number \_\_\_\_\_

5. Name on card \_\_\_\_\_ Card Number \_\_\_\_\_

I certify that the above mentioned information is true and complete.

_____	_____	_____
Full name and title of authorised Company/Firm signatory (Please print)	Signature of individual	Date

N.B. This Business Credit Card Transfer Request Form must be submitted together with the completed pages 9 and 10 of the Butterfield / AAdvantage® Business MasterCard® Application attached.

**PLEASE ANSWER ALL QUESTIONS**

- 1. Are there any unsatisfied judgments, tax assessments or legal proceedings pending against the Applicant?  Yes  No
- 2. Has the Applicant experienced any management or ownership changes in the last year?  Yes  No

If you answered 'yes' to any of the above, please explain:

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**ACCOUNT OPTIONS**

Card payment to be made in:  US dollars  Cayman Islands dollars

- Please select ONE:
- INDIVIDUAL BILLING (Recommended)**  
Please send separate statements to each Business Card Cardholder.
  - OR
  - CENTRAL BILLING (On an exception basis)**  
Please send a single consolidated statement itemising Business Card activity for ALL Company Cardholders.

Statement options  View statement online only  
 Please send paper statements

Please select ONE: Do you want to allow cash advances on each Card in the Company Business Card Account?  
 Yes  No

If "Yes", select ONE: What percentage of each Card's credit line should be available for cash advances?  
 25%  50%  75%  100%  Other \_\_\_\_\_ %

Auto-Payment:  Yes  No  Minimum payment  Total balance  Fixed amount \$ \_\_\_\_\_  
 From Butterfield Acc # \_\_\_\_\_

Please select ONE: Cards to be:  
 Mailed  Pick up at  Butterfield Place  Midtown Plaza  Governors Square

**AUTHORISED COMPANY REPRESENTATIVE(S)**

The person(s) authorised to transact business for the Applicant regarding the Applicant's Butterfield MasterCard® Business Card accounts are:

Authorised representative's name (PLEASE PRINT)	Authorised representative's signature
Authorised representative's name (PLEASE PRINT)	Authorised representative's signature
Authorised representative's name (PLEASE PRINT)	Authorised representative's signature

Please attach sheets for additional Company Representatives. This form may be photocopied.

# BUTTERFIELD/AADVANTAGE® BUSINESS MASTERCARD® CARDHOLDER INFORMATION

New     Change     Add

Date \_\_\_\_\_

Company name to appear on cards (not to exceed 21 characters including spaces)

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## CARDHOLDER INFORMATION

Please list all employees or others who are to receive Cards, and which MasterCard® Business Card Programme they are to be enrolled in. Each requested or existing Cardholder signing below (called "I", "me" or "my") hereby agrees as follows: I will use my Card only (i) for business purposes (ii) as authorised by my Company/Firm and (iii) subject to the conditions of the Butterfield / AAdvantage® Business MasterCard® Card Agreement.

Please print Cardholder's first and last name to appear on Cards (not to exceed 21 characters including spaces).			
Cardholder name	Cardholder signature	Nationality	
Credit Card number (for changes to existing Card information)	Employee credit limit	Home Tel _____	Cell _____
Date of birth (mm/dd/yy)	Mother's maiden name	If you have an AAdvantage number, please enter it here: <input type="text"/>	
<hr/>			
Cardholder name	Cardholder signature	Nationality	
Credit Card number (for changes to existing Card information)	Employee credit limit	Home Tel _____	Cell _____
Date of birth (mm/dd/yy)	Mother's maiden name	If you have an AAdvantage number, please enter it here: <input type="text"/>	
<hr/>			
Cardholder name	Cardholder signature	Nationality	
Credit Card number (for changes to existing Card information)	Employee credit limit	Home Tel _____	Cell _____
Date of birth (mm/dd/yy)	Mother's maiden name	If you have an AAdvantage number, please enter it here: <input type="text"/>	
<hr/>			
Cardholder name	Cardholder signature	Nationality	
Credit Card number (for changes to existing Card information)	Employee credit limit	Home Tel _____	Cell _____
Date of birth (mm/dd/yy)	Mother's maiden name	If you have an AAdvantage number, please enter it here: <input type="text"/>	

Please attach sheets for additional Cardholders. This form may be photocopied.

**PLEASE NOTE:** The total of all individual Cardholders' credit lines cannot be larger than the total Company credit line requested.

## AUTHORISED SIGNATURE

The Applicant, acting pursuant to the attached Corporate Resolution (or equivalent) and by authorised individual(s) signing below, represents and warrants that the statements made in the Application and the accompanying financial statements, and other submissions, are true and correct and are made to induce Butterfield Bank (Cayman) Limited to grant Credit. For the same purpose, the Applicant represents and warrants that no suits, judgments or legal claims of any kind are now pending against the Applicant, except as expressly stated herein or in the financial statements submitted herewith.

The Applicant and each principal severally agree that Butterfield Bank (Cayman) Limited may exchange credit information concerning them with others. The Bank may, without limitation, request a credit report on each principal and, if requested, will inform the principal(s) of the name and address of the credit reporting agency that furnished it. If approved, the Bank may obtain new credit reports in connection with updates, renewals and extensions of the Applicant's account. **This Application will remain the property of the Bank.**

Full name and title of authorised Company/Firm representative (PLEASE PRINT OR TYPE)	Signature of individual	Date
Full name and title of authorised Company/Firm representative (PLEASE PRINT OR TYPE)	Signature of individual	Date
Full name and title of authorised Company/Firm representative (PLEASE PRINT OR TYPE)	Signature of individual	Date