



# Butterfield Bank

P.O. Box 705 | Grand Cayman KY1-1107 | CAYMAN ISLANDS  
Tel: (345) 949 7055 | Fax: (345) 815 7970  
www.butterfieldbank.ky

## CREDIT LIMIT INCREASE

Credit

### Customer Information

Cardholder's Name:	_____		
Current Address:	_____		
	P O Box:	_____	
Home Telephone No.	_____	Work Telephone No.	_____

### Employment

Name of Employer:	_____	Position:	_____
Address of Employer:	P O Box: _____	Years There:	_____
Telephone No:	_____	<input type="checkbox"/> Salary Letter Enclosed?	

### Financial Information

Current Salary: \$ _____	Per <input type="checkbox"/> Month/ <input type="checkbox"/> Week	(State C\$ OR US\$)
VISA:	Requested New Limit \$ _____	
	Credit Card No: _____/_____/_____/_____	
	Bank Account No: _____	

I/We hereby apply to Butterfield Bank (Cayman) Limited for an increase in my Credit Card(s) credit limit(s) and certify that the above information is true and correct. I/we authorise the Bank to contact such persons as it thinks fit to verify the correctness of the above; each source being authorised to provide such information. I/we understand that there may be a charge for this service as indicated in the current schedule of fees for credit card accounts.

Date: \_\_\_\_\_ Main Cardholder's Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Additional Cardholder's Signature: \_\_\_\_\_

<b>Credit Department's Use:</b>	<input type="checkbox"/> Approved	<input type="checkbox"/> Declined	<input type="checkbox"/> Customer Advised
Date: _____	Credit Officer's Signature: _____		

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