



Butterfield

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

CREDIT LIMIT INCREASE

Card Services

CUSTOMER INFORMATION

Cardholder Name: Mr. Mrs. Ms. Miss. First: _____ Middle: _____ Last: _____

Current Address: _____

Telephone: (Home): _____ (Work): _____ (Mobile): _____

E-mail: _____

EMPLOYMENT

Name of Employer: _____ Position: _____

Employer Address: _____ Years There: _____

Telephone: _____ Salary Letter Enclosed? Yes No

FINANCIAL INFORMATION

Current Salary: \$ _____ Per Month Week C\$ US\$

Existing Limit: \$ _____ Requested New Limit: \$ _____

Credit Card Number:

Bank Account Number: _____

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 is a charge for this service as indicated in the current schedule of fees for credit card accounts.

Main Cardholder's Signature _____ Additional Cardholder's Signature _____ Date (dd/mm/yyyy) _____

Credit Department's Use ONLY

Approved Declined Customer advised of approval/decline and processing fee Temporary increase until: _____

Credit Officer's Signature: _____ Date (dd/mm/yyyy): _____

Card Services Use ONLY

Input by: _____ Date (dd/mm/yyyy): _____ Checked by: _____ Date (dd/mm/yyyy): _____

Charge Fee: Yes No Authorised Signature: _____

Comments: _____

Information Classification: Confidential