

Supplementary Card Application

Share the exclusive benefits and convenience of the Butterfield / AAdvantage® Standard MasterCard® Credit Card with your adult family members. Simply fill out this application form and bring it to the nearest Butterfield Banking Centre.

SUPPLEMENTARY CARDHOLDERS MUST BE AGE 18 OR OVER.

YES, Please issue Supplementary Card(s) on my Butterfield / AAdvantage® Standard MasterCard® Credit Card Account for:

SUPPLEMENTARY APPLICANT 1

Mr. Mrs. Miss Ms.

Relationship to Main Cardholder _____

First name _____ Middle name _____ Date of birth _____

Identification _____ Last name _____

Telephone number (c) _____ (w) _____ Signature _____

SUPPLEMENTARY APPLICANT 2

Mr. Mrs. Miss Ms.

Relationship to Main Cardholder _____

First name _____ Middle name _____ Date of birth _____

Identification _____ Last name _____

Telephone number (c) _____ (w) _____ Signature _____

SUPPLEMENTARY APPLICANT 3

Mr. Mrs. Miss Ms.

Relationship to Main Cardholder _____

First name _____ Middle name _____ Date of birth _____

Identification _____ Last name _____

Telephone number (c) _____ (w) _____ Signature _____

PRIMARY CARDHOLDER INFORMATION

Mr. Mrs. Miss Ms.

First name _____ Middle name _____ Last name _____

Identification _____ Signature _____

Telephone number (c) _____ (w) _____

Card Account Number: _____ AAdvantage® Account Number:

--	--	--	--	--	--	--	--	--	--

Current Address P.O. Box: _____

I hereby certify that the information provided to be true and complete.

I hereby authorise and consent to the Bank obtaining further information about me (us) and checking the information I have given here and exchanging information about me (us) with other financial institutions.

By signing this form, I request that you issue supplementary Butterfield / AAdvantage® Standard MasterCard® Credit Card(s) on my Account to the persons name herein and who will be designated Supplementary Cardholder(s)*. I agree to read and be bound by the Cardholder Agreement. I authorise the Bank to charge my Credit Card Account with the amount of the annual fee(s) in effect from time to time.

* Supplementary Cardholder(s) refer(s) to any other persons the Main Cardholder authorises to have a Card issued on his/her Account.

Print Main Cardholder name: _____ Main Cardholder signature: _____

Date: / /
 day month year

Where services are provided by organisations other than Butterfield, the Bank shall have no responsibility or liability for them, or for their mention in this document, or for their continuance.

