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Mastercard® Corporate Card application form Individual billing, individual settlement with private liability



All requested fields are mandatory.

Please have this application form signed off by the Company's Card Programme Administrator and return it to: cardapplications.BE@airplus.com or by post to:
AirPlus International - Customer Service - 66 Boulevard de l'Impératrice, B-1000 Brussels

In order to improve readability and to avoid delays in processing this application form, please fill in this document electronically. If not possible, you can also print it and complete it by hand writing, using CAPITAL LETTERS in blue or black ink.

1. Professional Details																																
Client reference	С	Н	1																													
Company name																																
Enterprise number																																
Street																																
House number																																
ZIP Code											Cit	ty																				
Country																																
Desired spending limit										EU	R																					
Employee number (if applicable)																																
Cost center (if applicable)																																
Gross income (Monthly)										EU	R (p	olea	ase	ad	ld y	you	r pı	roc	of o	f in	con	ne)										
2.0																																
2. Personal information																																
Title) M	ίΓ.			<u>) </u>	Mrs.											_	_						 							
First Name		lv the	offi	icial r	name	as m	entior	ned o	on the	ı ID c	an b	e ac	cent	ed)																_		
Last Name																																
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ZIP Code	1		1	i							C	ity																				
Country**			<u> </u>	_													i															
Nationality			T	_		i																										
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Place of birth	T		Ť	Ť	i	i		i									Ī	i				İ	İ	i								
Mother's first name (used for identification purposes)			Ī	T		Ī		i				Ì	i					i						i								
Language) D	utc	 h			()	Fre	nch	1				0) Er	ngli	ish														
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			MM:	S or	ng of Voic f Use	e M																										MS, neral

^{***} AirPlus International is licensed to operate in the following countries: Austria, Belgium, Bulgaria, Croatia, Republic of Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden, the UK and Switzerland (not including Liechtenstein, San Marino and Monaco).





3. Personal Bank Details	
Bank Name	
Bank account number (IBAN code)	
	-
BIC (Bank Identifier Code)	
Payment method (If no preferred option is ticked, bank transfer will automatically be the payment method.) Bank Transfer Bank Transfer	d.)
My monthly Card statements should be sent to Private address Professional address (If your preferred option is not ticked, AirPlus International will set private addess as standard set-up.)	
4. Signature of the Card Applicant	
The Undersigned warrants that he/she has read and understood the General Terms of Use attached hereto. The General Terms of Use are also available website at www.airplus.com/be in the section 'Documents'. A copy of these General Terms of Use may be requested from AirPlus International - 66 Boul l'Impératrice, B-1000 Brussels, tel: +32 (0)2 400 37 90. This agreement shall be effective upon approval by AirPlus International of this application, or once the activated, or after first use of the Card(s), whichever occurs first, all of which, including signing of the Application, constitute acceptance of the General Terms of Use attached hereto. The General T	evard de ne card i
Data Protection The Undersigned hereby attests to the truth and accuracy of the information provided in this Application Form and hereby gives its consent to AirPlus International handle its Personal Data. AirPlus International handles Personal Data in its capacity as Data Controller in accordance with the provisions of the Privacy State out in the General Terms of Use. These data are used by the Data Controller to manage customer relations, to comply with legal requirements, for its own corpurposes and to prevent and combat abuse. The customer may object to the use of these data for direct marketing purposes. Since the employer has selected a Card, the Company's contact person may access the personal data relating to transactions by the Cardholder. To inspect and correct data processed, please AirPlus International - Customer Service, 66 Boulevard de l'Impératrice, B-1000 Brussels.	ment se mmercia Corporato
AirPlus International may request additional information prior to the issuance of this card and may reject this Application at its discretion.	
Signature	
Date* D D M M Y Y Y Place	
5. Signature of the Company's Card Programme Administrator	
It is essential that this form is signed off by the Company's Card Programme Administrator. Each signer of this application guarantees the correctness of the CE Each signer agrees to the General Terms of Use. On behalf of the Company I confirm that the details supplied by the applicant are correct. I hereby confirm applicant is employed by the Company and attach herewith a copy of the applicant's identity document, the original of which has been seen by the Company. approve the applicant's Card application.	that the
Name	
Job title	
Signature	
Date* D D M M Y Y Y Y Place	
Required additional documents Please be informed that failing to provide any of these documents may delay the creation of your card. Low quality documents will be rejected and you will be asked to provide a higher quality copy.	
For Belgian residents, copy (both sides) of valid Belgian ID.	
For all others, copy (both sides) of valid EU Identity card or valid international passport.	
Proof of address (copy of latest utility bill such as gas, water, electricity).	
Proof of income (copy of your latest payslip).	

^{*} As the signature date is one of the legal constitutive points of the agreement, AirPlus International considers the receipt date of this document as the signature date if the date field is not completed.