

# **Business Credit Cards - Add a Cardholder**

NAB Low Rate Business Card

NAB Business Card • NAB Rewards Business Signature Card

• NAB Qantas Business Signature Card

Please complete Application form in full in black or blue pen using CAPITAL LETTERS and 🔀 where appropriate.								
	n the completed form to y 992, Melbourne VIC 8060.		ch, your Bank	er, or send to Cards F	ulfilment Team,			
Section A	Business details							
Registered Bu	isiness/Company name		Fac	cility billing account n	umber			
Business add	ress							
Suburb				State		Postcode		
Business telep	ohone number	Email address						
( )								
Section B	Business details							
Important In	formation for NAB Rewa	ds Business Signature	Card					
	ned using either of these c			ints balance.				
	formation for NAB Qanta	-						
To earn Qanta credited to th	as Points, the business mu e business' points balance	st be a member of the Q	<u>)</u> antas Busines	s Rewards Program. A	ll points earned usir	ng either of these cards are		
	ess Rewards membership go to, <b>qantasbusinessrew</b>		nts are subject	to Qantas Business Re	ewards Terms and C	onditions. For more		
	ing fee usually applies but <b>nabqbr</b> or calling <b>13 74 78</b>		ousiness taking	a new NAB Qantas Bu	isiness Signature Ca	ırd who join by visiting		
Important in	formation for new cardh	olders						
	s regulatory obligation al			redit cards must be ide	entified in accordan	ce with the NAB Ltd Anti-		
-	ering & Counter Terrorism	-	-					
This can be co	ompleted by visiting your r	learest NAB Branch of C	alling 13 10 12	<b>.</b>				
Cardholder 1								
Owner	Employee							
Title	Surname		Given name/s			Date of birth (DD/MM/YYYY)		
						/ /		
Residential ac	ldress							
Suburb			State	Postcode	Mobile			
Please specify	/ cardholders credit limit (							
\$		Allow Cash A access for thi	dvance s Cardholder?	Yes No				
Cardholder 2	1							
Owner	Employee							
Title	Surname		Given name/s			Date of birth (DD/MM/YYYY)		
						/ /		
Residential ac	ldress							
Suburb			State	Postcode	Mobile			
Please specify	/ cardholders credit limit (	Min. \$1,000)						
\$		Allow Cash Ad	dvance s Cardholder?	Yes No				
·			o suranotaci :					

#### Cardholder 3

Owner	Employee				
Title	Surname	Given name/s			Date of birth (DD/MM/YYYY)
					/ /
Residential	address				
Suburb		State	Postcode	Mobile	
Please speci	fy cardholders credit limit (Min. \$1,0				
\$		Allow Cash Advance access for this Cardholder?	5 🗌 No		
Cardholder	4				
Owner	Employee				
Title	Surname	Given name/s			Date of birth (DD/MM/YYYY)
					/ /
Residential a	address				

Suburb		State	Postcode	Mobile	
Please specify cardholders cre	edit limit (Min. \$1,000)				
\$	Allow Cash access for	۱ Advance this Cardholder? ロ۷	es 🗌 No		

#### **Cardholder consent**

#### Each cardholder to read and to provide consent by signing as provided below

I consent to the issue of a NAB Commercial Card ('card') in my name for use as agent of the Customer detailed in Section A. I acknowledge I will be provided with Conditions of Use for the card which govern my use of the card.

#### **For NAB Rewards Business Signature Cards**

I acknowledge I have no entitlement to NAB Rewards Points earned in connection with my card. Any points earned in relation to my card will be credited to the facility owner's points balance.

#### For NAB Qantas Business Signature Cards

I acknowledge I have no entitlement to Qantas Points earned in connection with my card. Any Qantas Points earned in relation to my card will be credited to the Business' Qantas Business Rewards account.

Cardholder 1 signature	Date (DD/MM/YYYY)	Cardholder 2 signature	Date (DD/MM/YYYY)	
×	/ /	×	/ /	
Cardholder 3 signature	Date (DD/MM/YYYY)	Cardholder 4 signature	Date (DD/MM/YYYY)	
×	/ /	×	/ /	

#### **Customer (Company/Business) Consent**

The Customer requests the issue of a card (and Personal Identification Number [PIN]) to the cardholder/s above (or nominated in connection with this application) in accordance with the customer's NAB Commercial Cards Facility Conditions. In the event the cardholder/s has nominated other accounts to be attached to the card under the heading 'Nominated account details', the customer hereby authorises those accounts to be accessed by use of the card and Personal Identification Number issued to the cardholder/s.

Print Full Name		Print Full Name			
Signature of Sole Proprietor/Director/Partner	Date (DD/MM/YYYY)	Signature of Director/Partner	Date (DD/MM/YYYY)		
×	/ /	×	/ /		

## Persons authorised to sign for the Business/Organisation

Entity	Person authorised to sign
Sole Trader	Sole Proprietor
Partnership	All Partners
Company or Trust with Company Trustee	Any 2 Directors and Company Secretary or Sole Director and Sole Company Secretary
Trust with individual Trustee	Each individual Trustee

### NAB use only

	Identification and verification completed		Customer number (9 character)		Identification and verification completed		Customer number (9 character)		
Applicant/Bus	siness				Applicant/Bu	usiness			
Cardholder 1		Yes	🗌 No		Cardholder 3	3 Yes	🗌 No		
Cardholder 2		Yes	🗌 No		Cardholder 4	4 🗌 Yes	🗌 No		
eForm lodged	l	Yes	No						