



Business Credit Cards – Cardholder Limit Amendment

- 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 X where appropriate.

Please return the completed form to your nearest NAB branch, your Banker, or send to Cards Fulfilment Team, Reply Paid 9992, Melbourne VIC 8060.

Section A Business details

Registered business/Company name	Facility billing account number	
<input type="text"/>	<input type="text"/>	
Business address	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Business telephone number	() <input type="text"/>	

Section B Card limit amendment

Please specify new limit amount on individual cards below. Card limits should be rounded to the nearest hundred with a minimum limit of \$1,000.

Card number	Existing card limit	New card limit requested
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

Signature of Sole Proprietor/Director/Partner	Date	Signature of Sole Proprietor/Director/Partner	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name (BLOCK LETTERS)	Name (BLOCK LETTERS)		
<input type="text"/>	<input type="text"/>		

Banker Use Only

Customer number

BU Id number

Banker's signature

Date

Banker's name

Telephone number

- Signature's verified
- eForm completed (Cardholder Limit Increase/Decrease for Commercial Cards)