



# Business Credit Cards – Limit Decrease

- 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"/>

**Facility limit decrease, complete Section B only. Card limit decrease, complete Section C only.**

## Section B Facility limit decrease

Minimum facility limit is \$5,000 and the minimum card limit is \$1,000

Existing facility limit	New facility limit requested
\$ <input type="text"/>	\$ <input type="text"/>

- Apply credit limit decrease to all existing cards equally
- Apply decrease to individual cards, please specify below (card limits should be rounded to the nearest hundred).

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

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

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

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

## Section C Card limit decrease

Please specify limit decrease 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"/>

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

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

Card number	Existing card limit	New card limit requested
<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 name

Banker's signature

Date

Telephone number

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