

Additional Cardholder Application



(09) 414 6621 | 0800 650 055 | bartercard.co.nz | PO Box 101563 North Shore, Auckland 0745

Please email completed form to: cards@bartercard.co.nz

ACCOUNT NUMBER:

6	0	0	9	1	2	6	4										
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DATE:

ACCOUNT NAME:

Additional Cardholder 1

Title Mr Mrs Ms Miss

Last name

First name

Position held

Email

Home address

(Home Address is required for AML Identity Verification only, your card will be sent to the business postal address.)

Phone

Mobile

I agree to comply with the Bartercard New Zealand Rules of the Trading Program. The Rules of the Trading Program are available in the members section of Bartercard Online and I acknowledge they have been read. By providing Bartercard with personal information or using/accessing any Bartercard products or services, I agree to Bartercard collecting, storing, using and disclosing my personal information in accordance with the privacy notice located at bartercard.co.nz/privacy-policy and the Privacy Act. I authorise the use of that information for the purposes of credit reporting and identity verification.

Signature of Additional Cardholder
(Must be signed for card to be issued)

Invoice access online required

Office Use Only

Processed DD/MM/YYYY Initial _____

Additional Cardholder 2

Title Mr Mrs Ms Miss

Last name

First name

Position held

Email

Home address

(Home Address is required for AML Identity Verification only, your card will be sent to the business postal address.)

Phone

Mobile

I agree to comply with the Bartercard New Zealand Rules of the Trading Program. The Rules of the Trading Program are available in the members section of Bartercard Online and I acknowledge they have been read. By providing Bartercard with personal information or using/accessing any Bartercard products or services, I agree to Bartercard collecting, storing, using and disclosing my personal information in accordance with the privacy notice located at bartercard.co.nz/privacy-policy and the Privacy Act. I authorise the use of that information for the purposes of credit reporting and identity verification.

Signature of Additional Cardholder
(Must be signed for card to be issued)

Invoice access online required

Office Use Only

Processed DD/MM/YYYY Initial _____

Authorised Account Signatory To Complete

I, _____ hereby authorise the above cardholders to use this account in accordance with the rules of the Bartercard Trading Program. The Rules of the Trading Program are available in the members section of Bartercard Online and I acknowledge they have been read.

Authorised Signatory _____

Date _____