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MasterCard Office Manager Card application form

Central billing, central settlement with company liability



All requested fields are mandatory. Please allow up to 15 business days for processing.

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	C	H																			
Company name																					
VAT number																					
Enterprise number																					
Street																					
House number																					
ZIP Code																					
City																					
Country																					
Desired monthly spending limit																					EUR
Employee number (if applicable)																					
Cost center (if applicable)																					

2. Personal information

Title	<input type="radio"/> Mr.	<input type="radio"/> Mrs.																			
First Name																					
Last Name																					
Street																					
House number																					
ZIP Code																					
City																					
Country																					
Nationality																					
Date of birth	D	D	M	M	Y	Y	Y	Y	Country of birth												
Place of birth																					
Mother's first name (used for identification purposes)																					
Language	<input type="radio"/> Dutch	<input type="radio"/> French	<input type="radio"/> English																		
Mobile phone*																					
Office phone*																					
E-mail address*																					

* This e-mail address/telephone number will be used for servicing

By ticking off this box, I hereby declare that the above mentioned contact details (including but not limited to: e-mail, telephone, SMS, MMS or Voice Mail) may not be used by AirPlus International for Direct Marketing Purposes and shall be used in accordance with the General Terms and Conditions.



3. Signature of the Card Applicant

Please join:

- 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.
- Low quality documents will be rejected and you will be asked to provide a higher quality copy.

The Undersigned warrants that he/she has read and understood the General Terms and Conditions attached hereto. The General Terms and Conditions are also available on the website at www.airplus.com/be in the section 'Documents'. A copy of these General Terms and Conditions may be requested from AirPlus International - 66 Boulevard de 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 card is 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 and Conditions.

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 to handle its Personal Data. AirPlus International handles Personal Data in its capacity as Data Controller in accordance with the provisions of the Privacy Statement set out in the General Terms and Conditions. These data are used by the Data Controller to manage customer relations, to comply with legal requirements, for its own commercial purposes 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 Corporate Card, the Company's contact person may access the personal data relating to transactions by the Cardholder. To inspect and correct data processed, please contact AirPlus International - Customer Service, 66 Boulevard de l'Impératrice, B-1000 Brussels.

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 | Y |

Place | | | | | | | | | | | | | | | | | | | | | |

4. 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 data. Each signer agrees to the General Terms and Conditions. On behalf of the Company I confirm that the details supplied by the applicant are correct. I hereby confirm that the 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. I hereby approve the applicant's Card application.

Name

Job title

Signature

Date | D | D | M | M | Y | Y | Y | Y |

Place | | | | | | | | | | | | | | | | | | | | | |