

Box 587 Center Road Spanish Lookout Belize Phone: 823-0095 Fax: 823-0339

Email: credit@westracbelize.com

uel Card Application F	orm		
Company Name			
Last Name		First Name	
Present Address		Phone Number	
Email Address			
Prepaid Indicate a dollar value of what			could be
Note: A daily limit is set for you charged with the card on your Number of Cards		e maximum amount tnat	could be
charged with the card on your			on Card
charged with the card on your  Number of Cards	r account for one day.	Limit	
Number of Cards  Name on Card	r account for one day.	Limit	
Number of Cards  Name on Card  1.	r account for one day.	(ID must be presented for all	

- The card(s) is the ownership of Westrac LTD., Westrac reserves the right to request that the card be surrendered at any time.
- The card(s) remains the responsibility of the owner of the account (hereinafter referred to as the holder of the card(s)). The holder shall be responsible for any charges made with the card(s) and shall be held liable for payment by Westrac LTD.
- The holder agrees that he/she will be responsible for the daily limit which will be shared on any additional card requested under his/her account.
- The holder of the card(s) shall report immediately to Westrac, if he/she loses his/her card(s) or if it becomes damaged. Furthermore, the holder shall pay to Westrac LTD. a fee of \$5.00 for the replacement of the card.
- All other terms and conditions remain the same in accordance with Westrac's account policies stated on Westrac's account application form.

## **DECLARATION**

I hereby declare that I have read the above agreement and clearly understand all that is required and the terms and nature of this agreement. I further declare that all the information that I have provided is true and correct.

Signature	Print Name/Title		Date	
For Westrac Official Use				
Received By:		Date:		
Daily Limit Approved		Date:		
Approved By:		Date:		
Card Registered By:		Date:		
Number of Cards Issued:				