

Framework agreement application (main account) PostFinance Visa Business Card



1. Important information

Preconditions:

The company is domiciled in Switzerland or Liechtenstein and has a business account in CHF with PostFinance.

Conditions:

You can find a list of conditions at postfinance.ch/prices-bc.

Instructions for completing the application:

Does your company already have one or more PostFinance Visa Business Cards?

Yes: Please complete the card application (page 3) as well as form K¹.

No: Please complete the framework agreement application (pages 1 and 2) and the card application (page 3) as well as form K¹.

¹ Please note: a completed form K (Establishing of the controlling person) is a precondition for acquiring a PostFinance Visa Business Card. If your company already has a completed form K, it does not need to be filled in again.

2. Company information

Company _____

Founding date _____

Business account no. _____

Registered office of the company

Street, no. _____

Postcode _____ Town _____

Contact person _____

Telephone _____

3. Card embossing

Please complete only if the name of the company is to be embossed on the Visa Business Card.

Please note: the embossed line consists of a maximum of 21 characters including spaces. Special characters and umlauts are not possible.

4. Payment method

CH-DD Direct Debit (full payment of total amount)
By legally signing, we authorize PostFinance to debit the amounts due from our business account until further notice. Direct debits may be cancelled in writing with PostFinance within 30 days after the account document is sent.

Invoice (full payment of total amount)
You can also pay credit card invoices via eBill. You can register for this in e-finance.

5. Establishment of the beneficial owner

The applicant hereby confirms that the beneficial owner(s) of the assets brought in under this contractual relationship is/are the holder(s) of the related PostFinance account.

Yes No



6. Company signature(s)

The undersigned, who are exclusively authorized representatives of the company, confirm the accuracy of the information in this application and agree to notify PostFinance of any changes to the above information on their own initiative. They declare that they have read and understood the Subscriber Conditions for PostFinance credit cards and prepaid cards and that they agree to be bound by these conditions. PostFinance reserves the right to refuse the application without giving reasons.

Legally valid signature

Second legally valid signature in the case of collective signing rights

Date _____

Date _____

Last name _____

Last name _____

First name _____

First name _____



Sign within the box

Sign within the box

Forgotten anything?

- Framework agreement application legally signed (see page 2, point 6)?
- Card application completed (see page 3)?
- Form K completed if necessary (see note page 1, point 1)?

Please send application to: PostFinance Ltd, Card Center, Eternitstrasse 3a, 8870 Niederurnen

To be completed by PostFinance

Employee number _____
 Location code _____

Partner no. Framework agreement _____

REG GR1 GR2 GR3 GR4 Noga code _____
 S1 S3 S5 S10 S20 I _____ E
 Correspondence address _____ Date _____

Staff member _____



Card application

PostFinance Visa Business Card



1. Company information

Company _____

Please provide the card account number if you already have a framework agreement (main account) with a Visa Business Card (see credit card invoice or e-finance).

Card account number: 800 _____

2. Cardholder's personal details

Ms Mr Country _____

Last name _____ Telephone _____

First name _____ Nationality _____

Consumer address (home) Date of birth _____

Street, no. _____ Function _____

Postcode _____ Staff member

Town _____ Other _____

Please note: the card, personal identification number (PIN) and correspondence will be sent to the address of the company.

3. Card details

Desired credit card limit: CHF _____ Card with cash withdrawal

(Minimum: CHF 1,000; maximum: main account limit) Card without cash withdrawal

4. Signature(s)

The undersigned confirm the accuracy of the information in this application and agree to notify PostFinance of any changes to the above information on their own initiative. They declare that they have read and understood the Subscriber Conditions for PostFinance credit cards and prepaid cards and that they agree to be bound by these conditions. PostFinance reserves the right to refuse the application without giving reasons.

Signature of cardholder _____  

Date _____

 **Sign within the box** 

Company signature(s)

Legally valid signature _____ Second legally valid signature in the case of collective signing rights _____

Date _____ Date _____

Last name _____ Last name _____

First name _____ First name _____

   

 **Sign within the box**   **Sign within the box** 

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Employee number _____
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 S1 S3 S5 S10 S20 I _____ E
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