



Request for a change of credit limit for PostFinance credit cards

Please fill out the form so that we can check your request for a credit limit change.

Postal account no. / IBAN _____

Card account* 800 _____

* Please enter the card account number (see credit card invoice or e-finance). E.g.: 8001 1234 5678

Last name _____

First name _____

Date of birth _____

Street _____ No. _____

Postcode _____ Location _____

Country _____

Telephone number for queries _____

Change of limit

Desired credit limit in CHF¹ _____

¹ The effective limit we grant you may not be the same as the limit you have requested.

Comments

Please send the completed and signed form to the following address:
PostFinance Ltd, Card Center, Eternitstrasse 3a, 8870 Niederurnen

After receipt of your documents we will inform you in writing about our decision.

I confirm that the details in this application form are correct. With my signature, I acknowledge that PostFinance retains the right to decline this application without giving any reason and that the credit limit granted may deviate from the credit limit I have requested. My income and assets are enough to pay my monthly bill and to satisfy my other obligations.

Location _____

Date _____

Signature of main cardholder

