

# 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](https://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 K<sup>1</sup>.

No: Please complete the framework agreement application (pages 1 and 2) and the card application (page 3) as well as form K<sup>1</sup>.

<sup>1</sup> 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**

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

#### To be completed by PostFinance

Employee number _____
Location code _____

Partner no. _____	Date _____
Cardholder	
<input type="checkbox"/> S1 <input type="checkbox"/> S3 <input type="checkbox"/> S5 <input type="checkbox"/> S10 <input type="checkbox"/> S20 <input type="checkbox"/> I _____ <input type="checkbox"/> E	
Staff member _____	

