



## 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 \_\_\_\_\_

For any queries, please call \_\_\_\_\_

### Change of limit

Desired credit limit in CHF<sup>1</sup> \_\_\_\_\_

<sup>1</sup> 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, 8867 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

