

Request for a change of limit for your PostFinance Visa Business Card



Postal account no. / IBAN _____

☐ I hereby request a change of limit for the following credit card accounts.

Card account _____

☐ I hereby request a change of limit for the credit card belonging to the following cardholder.

First name _____

Name _____

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

First name _____

Name _____

Company name _____

Street/no. _____

Postcode _____ Location _____

Telephone _____

Date of birth _____

Existing credit limit in CHF _____

Desired credit card limit in CHF _____

Self-declaration

Gross annual income (for sole proprietorships) _____

Revenue from business operations over the past three years (for legal entities)	Year _____	Revenue in CHF _____
	Year _____	Revenue in CHF _____
	Year _____	Revenue in CHF _____

Telephone number for queries _____

Comments _____

We will inform you about your new credit limit as soon as possible.

We will inform you about your new credit limit as soon as possible. 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.

Date _____

Location _____ Signature _____

Company stamp and legally valid signatures pursuant to commercial register/company documents _____

Please fill in and sign the form and send it to:
PostFinance Ltd, Card Center, Eternitstrasse 3a, 8870 Niederurnen

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