



Please supply all information requested on this form. Incomplete requests will not be processed.

The completed Request for New Credit Card and Checks form must be signed and dated by the Business Owner or an Authorized Representative. For most businesses this will be the individual who signed the application for the Visa Business Credit Card Account.

Name of Business: _____

Last 10 digits of Business Card Account Number: _____

Business Mailing Address: _____

City: _____ State: _____ Zip: _____

Employee(s) to receive Credit Card and Convenience Checks: (Unless the appropriate box below is checked, the Business requests BBVA USA to issue Convenience Checks and allow Cash Advances accessing the Visa Business Credit Card Account designated above for each Employee identified below.)

Employee Name: _____ Date of Birth: _____/_____/_____

Percent of credit line requested: _____%

- Do not issue Convenience Checks to this Employee.
- Do not allow Cash Advances to be made on the Card issued to this Employee.

Employee(s) to receive Credit Card and Convenience Checks: (Unless the appropriate box below is checked, the Business requests BBVA USA to issue Convenience Checks and allow Cash Advances accessing the Visa Business Credit Card Account designated above for each Employee identified below.)

Employee Name: _____ Date of Birth: _____/_____/_____

Percent of credit line requested: _____%

- Do not issue Convenience Checks to this Employee.
- Do not allow Cash Advances to be made on the Card issued to this Employee.

Employee(s) to receive Credit Card and Convenience Checks: (Unless the appropriate box below is checked, the Business requests BBVA USA to issue Convenience Checks and allow Cash Advances accessing the Visa Business Credit Card Account designated above for each Employee identified below.)

Employee Name: _____ Date of Birth: _____/_____/_____

Percent of credit line requested: _____%

- Do not issue Convenience Checks to this Employee.
- Do not allow Cash Advances to be made on the Card issued to this Employee.

By signing below, the Owner / Authorized Representative: (a) Certifies that he/she is authorized to act for the Business on the Account designated above; and (b) Requests and authorizes BBVA USA to issue a Visa Business Credit Card and Convenience Checks allowing access to the Account and to permit Cash Advances to each employee as specified on this form; and (c) Acknowledges that the Cards and Convenience Checks will be mailed to the Business at the address identified above, and that the Business is responsible for distributing the Cards and Checks to the employees identified. The Business Owner/Authorized Representative agrees to be responsible for actions taken by the Cardholder(s) on the Account.

Signature of Owner/ Authorized Representative: _____

Printed Name: _____ Phone: _____

Valued Business Client: Please submit this form via the following methods:

Fax Number
205-524-4010

By Mail
BBVA USA
P.O Box 10008
Birmingham Al 35202-0008

Customer Service
Please call 1-800-316-0207 for assistance with your
BBVA Visa Business Credit Card Account

All BBVA Employees please submit this form in Client Vista