



Please supply all information requested on this form. We may decline to process incomplete requests.

The completed authorization form (the "Authorization") must be signed and dated by the Business' owner or an authorized representative. For most businesses, this will be the individual who signed the Business' application for a Visa Business Credit Card Account.

Name of Business \_\_\_\_\_

Business' Mailing Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

**Primary Administrator (responsible for all card maintenance including new card additions, card limits, payments etc. )**

Primary Administrator Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address: \_\_\_\_\_

Phone Number (primary) \_\_\_\_\_ Fax number: \_\_\_\_\_

Signature: \_\_\_\_\_

**Secondary Administrator (Backup to Primary Administrator)**

Secondary Administrator Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address: \_\_\_\_\_

Phone Number (primary) \_\_\_\_\_ Fax number: \_\_\_\_\_

Signature: \_\_\_\_\_

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 establish administrative access to the above designated employee(s) to manage employee cards, including individual card maintenance, through our online account management site. By authorizing the above referenced employee(s) I am consenting to sharing account information with the identified employee(s) and allowing them to act on behalf of the business as it relates to the Business Visa Credit Card account to maintain individual employee cards. The Business and Owner/Authorized Representative shall be responsible for actions taken by the Administrator (s) on the Business Account pursuant to this Authorization.

Signature of Owner/Authorized Representative: \_\_\_\_\_

Printed Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Signature of Owner/Authorized Representative: \_\_\_\_\_

Printed Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

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*