



VISA BUSINESS

VISA GOLD CARD

VISA CLASSIC CARD

CREDIT CARD APPLICATION



BANK LOCATIONS

1000 Airport Boulevard Coolidge
High & Thames Streets, St. John's
Nelson's Dockyard, English Harbour
Jolly Harbour, St. Mary's
(268) 480-5300
info@ecabank.com
www.ecabank.com

HOURS OF OPERATION

Eastern Caribbean Amalgamated Bank is open
Six (6) days a week for your convenience

Coolidge & High Street Branches

Monday - Thursday 8am - 2pm
Friday 8am - 4pm

Dockyard & Jolly Harbour Branches

Monday - Thursday 8.30am - 1.30pm
Friday 8.30am - 3.30pm
Saturday 8.30am - 11.30am (Coolidge Only)

ATM LOCATIONS

1000 Airport Boulevard
Coolidge, Antigua

High & Thames Streets
St. John's, Antigua

Nelson's Dockyard
English Harbour

Jolly Harbour
St. Mary's

Epicurean Fine Foods & Pharmacy
Friars Hill Road, Antigua



Our future, Our bank



EASTERN CARIBBEAN AMALGAMATED BANK

Our future, Our bank



EASTERN CARIBBEAN AMALGAMATED BANK

Visa Credit Card Application (Please Type or Print)

PERSONAL INFORMATION

Last Name

First Name Middle Name

Date of Birth (D/M/Y) Place of Birth

Sex: Male Female
Mother's Maiden Name

Home Phone/Mobile Email Address

Do You: Own (Buying) Rent Other

Antiguan Address

City Country Postal Code

Number of Years at Address No. Of Dependants

If Less Than Two Years, Indicate Previous Home Address

City Country Postal Code

Foreign Address

City County Postal Code

Nearest Relative (not living with you) Phone/Mobile No.

I am applying for: Visa Classic Visa Gold Other

Limit Requested US\$

Bank Reference

Bank Address

City Country Postal Code

Savings/CD Account No. Date Opened

Chequeing Account No. Date Opened

Other Date Opened

CITIZENSHIP INFORMATION

Are you a citizen of:
 Antigua & Barbuda Yes No
 United States of America Yes No
 Other Country Yes No

Social Security No.

Passport No.

Driver's License No.

EMPLOYMENT HISTORY

Current Employer or Business (if retired, please list former employer)

Position (if retired, please indicate) No. of Years Employed

Employer's Address Business Phone

City Country Postal Code

Former Employer Business Phone

Address

City Country Postal Code

FINANCIAL INFORMATION

Note: Sources of additional income (alimony, child support, separate maintenance payment, etc.) need not be revealed if you do not choose to disclose them as income.

INCOME		EXPENSES	
(a) Gross Monthly Salary	\$ _____	(d) Rent/Mortgage	\$ _____
(b) Spouse's Monthly Salary	\$ _____	(e) Hire/Purchase	\$ _____
(c) Additional Income	\$ _____	(f) Other Loans	\$ _____
Source of Additional Income	\$ _____	(g) Other Commitments	\$ _____

TOTAL INCOME \$ _____ TOTAL EXPENSES \$ _____
 add lines (a-c) add line (d-g)

SUBTRACT TOTAL EXPENSES FROM TOTAL INCOME TO ARRIVE AT YOUR

INCOME SURPLUS = \$ _____

BANKING REFERENCE

Please list any other name(s) in which your credit reference or credit history may be listed.

Creditor/Bank Name & Address	Account No.	Current Balance

INDICATE EXACTLY HOW YOUR NAME IS TO APPEAR ON THE CARD.
 (Please Print. Maximum 21 characters)

MAILING ADDRESS (IF DIFFERENT FROM HOME ADDRESS)

Mailing Address

City Country Postal Code

ADDITIONAL APPLICANT INFORMATION

Please send an additional Visa in the name of (please print)

Last Name

First Name Middle Name

Date of Birth (D/M/Y) Social Security No.

Home Phone/Mobile No. Email Address

Passport No. Driver's License No.

Mother's Maiden Name

Relationship to Applicant

Current Employer or Business (if retired, please list former employer)

Position (if retired, please indicate) No. of Years Employed

Employer's Address Business Phone

City Country Postal Code

INDICATE EXACTLY HOW YOUR NAME IS TO APPEAR ON THE CARD.
 (Please Print. Maximum 21 characters)

SIGNATURES

This information is given to obtain credit and is true and complete. I have read and agreed to the terms contained in this application. I authorize Eastern Caribbean Amalgamated Bank to verify the information and obtain further information concerning my credit standings. I understand that if my application is accepted, the Visa card(s) will be issued and credit will be extended to me by Eastern Caribbean Amalgamated Bank and that the Agreement between Eastern Caribbean Amalgamated Bank and me is deemed to have been made in Antigua. I agree to be bound by the terms and conditions of the Agreement that govern my account and will be liable for the entire amount of the credit extended. In addition, I understand that I will receive a copy of the Agreement along with my Visa card(s) from Eastern Caribbean Amalgamated Bank, 1000 Airport Boulevard, P.O. Box 315, St. John's, Antigua. If for any reason after receiving my card(s) with the Agreement, and I decide not to use the account, I may return the card(s) to Eastern Caribbean Amalgamated Bank without further obligation and I may be required to pay a cancellation fee. I understand that if I apply with another person, both of us have the right to use the account. I also understand that this application and all the information obtained in connection with it will be held in strict confidence and for Bank use only.

Applicant's Signature (Seal)

Date

Additional Applicant's Signature (Seal)

Date

FOR BANK USE ONLY	
Date Application Was Received	
Approved By	Date
Account No.	
Entered In ECAB Systems By	Date
Verified By	Date