GLOBAL CARD SERVICES

MASTERCARD PREPAID CARD APPLICATION FORM

CARDHOLDER'S INFORMATION	
First Name:	Last Name:
Street Address:	City and State:
Zip code/Postal Code:	Country:
Nationality:	Date of Birth (mm/dd/yy):
ld No:	Mother's Maiden Name:
Email Address:	Fax No:
Work No:	Mobile No:
ADDITIONAL CARDHOLDER'S INFORMATION	
First Name:	Last Name:
Street Address:	City:
Zip code/Postal Code:	Country:
Nationality:	Date of Birth (mm/dd/yy):
Passport No:	Mother's Maiden Name:
Email Address:	Fax No:
Work No:	Mobile No:
DELIVERY METHOD – PLEASE SELECT THE METHOD OF DELIVERY FOR YOUR CARD(S)	
COURIER: US\$00.00 - FREE - TAKES 3 TO 5 BUSINESS DAYS DEPENDING ON DESTINATION	
Mailing Address for the Card(s):	
I (WE) AGREE THAT THE USE OF ANY MASTERCARD PREPAID CARD ("CARD) ISSUED IN RESPONSE TO THIS APPLICATION WILL CONSTITUTE MY (OUR) AGREEMENT TO BE JOINTLY AND SEVERALLY BOUND BY THE TERM AND CONDITIONS OF THIS MASTERCARD PREPAID CARDHOLDER AGREEMENT DELIVERED WITH THE CARD. IT IS CERTIFIED THAT THE ABOVE INFORMATION IS COMPLETE AND TRUE, AND IS GIVEN TO INDUCE SEVEN CAPITAL LTD. TO ISSUE SAID CARD(S). I (WE) AUTHORIZE YOU TO MAKE WHATEVER CREDIT AND/OR INVESTIGATIVE INQUIRY DEEMED NECESSARY IN CONNECTION WITH THIS APPLICATION.	
SIGNATURE DATE	SIGNATURE (APPLICANT) DATE
SIGNATURE DATE	