

APPLICATION FOR AN AMERICAN EXPRESS CREDIT CARD AND FOR CLUB MEMBERSHIP

To: **Poalim Express Ltd.**

Complete your details in clear, legible handwriting and return in the enclosed return envelope or send by fax to 03-6895963.

Only 60 seconds of your time!

For internal use only

Spouse's I.D. no.	Chain code	Chain branch	Club Code	4396
<input type="text"/>	<input type="text"/>	<input type="text"/>	CD	<input type="text"/>



Part A – to be filled out if you are requesting that a new/additional American Express Card be issued I.D. no.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
C.D.	Surname	First name	
Applicant's name in English (as shown in your passport)			
<input type="text"/>		<input type="text"/>	
SURNAME		NAME	
Title: <input type="checkbox"/> Dr. <input type="checkbox"/> Adv. <input type="checkbox"/> C.P.A. <input type="checkbox"/> Eng. <input type="checkbox"/> Prof. <input type="checkbox"/> Other			
Date of birth	Gender	Marital status	
<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
Residential address			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
City	Street	House no.	Apt. no. Zip code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Area code	Telephone	Prefix	Cell phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E-mail address <input type="text"/> @ <input type="text"/>			

I would like the following card (please mark "x")

Blue Credit Green Gold Business Green Business Gold

Account to be debited in respect of card use

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bank no.	Bank name	Branch no.	Branch name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
No. of years	Account number	Type of account you've had	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Desired debit date <input type="checkbox"/> 2 nd day <input type="checkbox"/> 10 th day <input type="checkbox"/> 15 th day <input type="checkbox"/> 20 th day of each month			
Mark one debit date. If you already have an American Express card, the debit date will change according to that marked for this card			

Profession and place of employ

<input type="text"/>	<input type="text"/>	<input type="text"/>
Profession/occupation	Position	Name of workplace
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	Street No.	Zip code
Address of your workplace		
<input type="checkbox"/> Salaried <input type="checkbox"/> Self-employed	<input type="text"/>	<input type="text"/>
Employment status	Seniority at your workplace	Area code Work phone
Total financial assets in banks (shekel deposits, securities, foreign currency, savings plans, provident funds)		
<input type="checkbox"/> up to ILS 24,999 <input type="checkbox"/> ILS 50,000 – 99,999 <input type="checkbox"/> ILS 250,000 – 499,999		
<input type="checkbox"/> ILS 25,000 – 49,999 <input type="checkbox"/> ILS 100,000 – 249,999 <input type="checkbox"/> ILS 500,000 and above		
Net monthly family income		
<input type="checkbox"/> up to ILS 2,500 <input type="checkbox"/> above ILS 2,501 <input type="checkbox"/> above ILS 3,501 <input type="checkbox"/> above ILS 5,501		
<input type="checkbox"/> above ILS 7,501 <input type="checkbox"/> above ILS 10,001 <input type="checkbox"/> above ILS 15,001		

Number of wage-earners in the family

Do you own a residential apartment? yes no.

Do you already possess another credit card: yes no.

Valid through <input type="text"/>	Card Name	Type of card
<input type="text"/>	<input type="checkbox"/> Isracard group <input type="checkbox"/> Leumi Card	<input type="checkbox"/> Local <input type="checkbox"/> Platinum
	<input type="checkbox"/> Visa C.A.L. <input type="checkbox"/> American Express	<input type="checkbox"/> Interna <input type="checkbox"/> Other:
	<input type="checkbox"/> Diners <input type="checkbox"/> Other:	<input type="checkbox"/> Gold
Card number <input type="text"/>	<input type="text"/>	
I wish to receive the card at: <input type="checkbox"/> Isracard House, 40 Hamasger, Tel Aviv		
<input type="checkbox"/> Via courier		
<input type="text"/>	<input type="text"/>	<input type="text"/>
Branch no.	Branch name	Branch address: city, street, no.

Part B – Customer's authorization and signature

I agree and authorize the Club and Poalim Express Ltd. to exchange information in relation to any matter pertaining to my Club membership, including my personal particulars. I agree that you shall be able to examine the aforesaid particulars, as well as additional information as you shall deem fit to examine, at your discretion, in order to consider my application to be issued a card. For the purpose of your examinations, I authorize you to refer to any sources and to give them a copy of this application for their use as my direct request to them and my authorization to them to deliver information to you. I acknowledge that the issuance and/or replacement of the card are subject to approval by the bank and approval by Poalim Express Ltd., and that delivery of the card is contingent upon my signing the accompanying documents that shall be required for that purpose by the bank and Poalim Express Ltd. I acknowledge that when you find me suitable for an American Express card, and the type of card, you shall issue it to me and charge me for the cost thereof, as you shall determine from time to time. I hereby declare that my application to receive a credit card has not been rejected in the past, and that no credit card of any type has been cancelled other than at my initiative. I affirm the accuracy of the above particulars.

Date Applicant's signature

Part C – to be completed by customers of the following banks: Leumi, Discount, Mercantile Discount, Union, Israel Arab

ACCOUNT DEBITING INSTRUCTION

To: Bank Branch Branch address

1. I/we, the undersigned Name of the account holder/s as listed in the bank's records I.D./company no.

Address: Street No. City Zip code

Bank account number	Type of account	Clearing house	
<input type="text"/>	<input type="text"/>	Bank Branch	Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Institution code	Reference / I.D. no. of the customer in the company		
<input type="text"/>	<input type="text"/>		

- do hereby instruct you to debit my/our aforesaid account at your branch in respect of usage of the credit card, including credit cards to be issued to me/us in the future, at the sums and on the dates to be furnished to you from time to time via magnetic means by **Poalim Express Ltd.** as specified below under "Authorization Particulars."
- I/we acknowledge that:
 - This instruction may be cancelled by written notice from me/us to the bank and to **Poalim Express Ltd.**, which shall become effective one business day after the notice is given at the bank, and may be cancelled pursuant to the provision of any law.
 - I/we may cancel a particular debit in advance, provided that written notice to that effect shall be given by me/us to the bank at least one business day prior to the debit date.
 - I/we acknowledge that the particulars specified in the letter of authorization and the information completed therein are matters that I/we must arrange with the beneficiary.
 - I/we acknowledge that the debit sums pursuant to this authorization shall appear in my statements of account, and that no special notification in respect of these debits shall be sent to me/us by the bank.
 - The bank shall act in accordance with the instructions in this letter of authorization as long as the state of my account shall so enable, and as long as there shall not be any legal or other preclusion from so acting.
 - The bank may remove me/us from the arrangement specified in this letter of authorization if it shall have reasonable cause for doing so, and shall notify me/us immediately after reaching its decision indicating its reasons.
 - Please use the stub attached hereto to confirm to **Poalim Express Ltd.** the bank's acknowledgement of the receipt of these instructions from me/us.

Authorization particulars: the sum and date of the debit shall be determined from time to time by **Poalim Express Ltd.** according to (the principles for determining them): **what is customary during that period.**

Date Signature of the account holder/s

BANK ACKNOWLEDGEMENT OF RECEIPT AND CONFIRMATION (to be completed solely by the bank branch)

To: **Poalim Express Ltd.**
40 Hamasger St.
P.O.B. 62030
Tel-Aviv 61620

Bank account number	Type of account	Clearing house	
<input type="text"/>	<input type="text"/>	Bank Branch	Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Institution code	Reference / I.D. no. of the customer in the company		
<input type="text"/>	<input type="text"/>		

We have received instructions from to honor charges at the sums and on the dates appearing via magnetic means that you shall present to us from time to time, including specification of the bank account number/s, all in accordance with that specified in the letter of authorization.

We have noted the instructions and shall act accordingly, as long as the state of the account shall so enable, as long as there shall not be any legal or other preclusion from so acting, as long as we have not received a written cancellation instruction from the account holder/s, or as long as the account holder/s has/have not been removed from the arrangement.

This confirmation shall not prejudice your liabilities towards us, pursuant to the letter of indemnity signed by you.

Sincerely,
Bank:

Date: Branch:

Branch signature and stamp

This form, inclusive of both parts thereof, shall be sent to the bank branch; a copy thereof shall be delivered to the payer.

Original – Poalim Express, copy – to the customer