

FAX THIS FORM TO (02) 755-5032.

First Name	Middle Name	Last Name	Date (dd/mm/yyyy)
Company Name		Job Title	

Application for Increase in Credit Limit

I would you like to request for an increase in credit limit for my SalaryPlus Card.

SalaryPlus Credit Card Number _____ - _____ - _____ - _____

Please declare other credit cards held to facilitate application for increase in credit limit.

Other credit card/s if any

	Card company	Card Number	Credit Limit	Member Since
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Automatic Debit Arrangement

If you will be using your Credit Limit, the amount due will be debited from your SalaryPlus Account on your Payment Due Date or Payroll Date, whichever comes first, by means of an automatic debit system. You may choose the percentage of payment per month. Please select the appropriate box below for your preferred payment amount.

I, the undersigned, authorize HSBC to debit from my HSBC SalaryPlus Account the amount indicated below, to pay for my monthly Credit Card billings when they fall due. The instruction below shall supersede any previous instruction provided.

- 5% of Total Amount Due (or Php250, whichever is higher)
- Full Payment
- Others _____% of Total Amount Due
(Indicate percentage you want to settle which should not be lower than 5% of the outstanding.)

IMPORTANT: *If you do not select a debit amount, 5% of the total amount due will be applied as default.*



SIGNATURE OVER PRINTED NAME