



## Type of billing

Please choose **one** of the following options.

**Collective billing with balance overview**

All transactions will be billed monthly. The bill covering all the cards will be sent to the company. In addition, for each card a separate information statement is provided showing the individual transactions for that card.

Card account no.

(If a company master account already exists, please state the account number shown on the monthly bill.)

Please send the information statement showing the individual transactions for this card to  
(if different from the address for the company master account):

Company .....  
First name .....  
Last name .....  
Department .....  
Street/no. ....  
Postal code/city .....

Mailing address for the collective bill for all cards under this card account number  
(if different from the address for the company master account):

Company .....  
First name .....  
Last name .....  
Department .....  
Street/no. ....  
Postal code/city .....

**Collective billing showing individual transactions**

All transactions will be billed monthly. The bill covering all the cards will be sent to the company. All card transactions are shown in detail on the bill.

Card account no.

(If a company master account already exists, please state the account number shown on the monthly bill.)

Mailing address for collective bill for all cards under this card account number  
(if different from the address for the company master account):

Company .....  
First name .....  
Last name .....  
Department .....  
Street/no. ....  
Postal code/city .....

**Individual billing**

All transactions for this card will be billed separately on a monthly basis and shown in detail on the bill.

Send individual bill to (if different from the address for the company master account):

Company .....  
First name .....  
Last name .....  
Department .....  
Street/no. ....  
Postal code/city .....

By request, a copy of the individual bill will be sent to the following address:

Company .....  
First name .....  
Last name .....  
Department .....  
Street/no. ....  
Postal code/city .....

## Payment methods

Bank/post office .....

Postal code/city .....

IBAN

**For individual billing, it is mandatory that bank information be provided.**

We wish to pay our credit card bills by **direct debit (LSV) for CHF and EUR\*** and hereby authorise the bank indicated above to pay all bills submitted to it by Visa Card Services SA on presentation.

\*Not available for USD cards

We wish to pay our credit card bills by **payment slip (ESR) for CHF** or **bank payment for EUR and USD** payable net (free of interest charges) within 20 days of the billing date.

**Important: Please also complete the following page.**

## Mailing address for card and PIN code

Mailing address for card (if different from the address for the company master account):

Mailing address for PIN code (if different from the card address):

Company .....

First name .....

Last name .....

Department .....

Street /no. ....

Postal code/city .....

Country .....

Company .....

First name .....

Last name .....

Department .....

Street /no. ....

Post code/city .....

Country .....

## Identification of the beneficial owner

If the assets used to settle the credit card bills for the requested business credit card and/or paid to the issuer of the card in excess of such amount belong **solely** to the company and said company is not a sole proprietorship, a simple partnership or a domiciliary company, **no information** is required below.

If this is not the case, the company declares that these assets (please tick only one answer as appropriate)

- belong to the cardholder.
- are held in trust by the company for the benefit of the person(s) listed below:
- belong to the person(s) listed below:

(Last name(s) / first name(s) / date of birth / nationality / home address)

.....

.....

.....

The company undertakes to notify the bank/credit card issuer of any changes in the above information on its own initiative. It is a criminal offence to deliberately provide false information on this form (Art. 251 of the Swiss Penal Code, forgery of documents; punishable by a prison sentence of up to five years or a fine).

## Summary of fees

	Mastercard® Corporate Card Silver in CHF	Mastercard® Corporate Card Gold in CHF	Mastercard® Corporate Card Gold in EUR/USD
<b>Annual fees</b>	Company master account free of charge	Company master account free of charge	Company master account free of charge
- Employee card	Max. CHF 100	Max. CHF 170	Max. EUR/USD 150
- Travel card	CHF 50	CHF 50	EUR/USD 40
- Shopping card	CHF 50	CHF 50	EUR/USD 40
<b>SmartData OnLine licence fee</b>	CHF 500 per year	CHF 500 per year	CHF 500 per year
<b>Replacement card worldwide</b>	CHF 20, in Switzerland usually within two working days, abroad three to six working days	Free of charge, in Switzerland usually within two working days, abroad three to six working days	Free of charge, in Switzerland usually within two working days, abroad three to six working days
<b>Commission for cash withdrawals</b>	3.5% at ATMs worldwide Min. CHF 5 (Switzerland) Min. CHF 10 (abroad)	3.5% at ATMs worldwide Min. CHF 5 (Switzerland) Min. CHF 10 (abroad)	3.5% at ATMs worldwide Min. EUR/USD 3.50 (Switzerland) Min. EUR/USD 7 (abroad)
	4% at bank counters worldwide Min. CHF 10 (Switzerland and abroad)	4% at bank counters worldwide Min. CHF 10 (Switzerland and abroad)	4% at bank counters worldwide Min. EUR/USD 7 (Switzerland and abroad)
<b>Transactions in foreign currency</b>	Amount at exchange rate + 1% processing fee	Amount at exchange rate + 1% processing fee	Amount at exchange rate + 1.5% processing fee
<b>Interest on arrears</b>	14.93%	14.93%	14.93%
<b>Processing fee in the event of late payment</b>	CHF 20 per bill	CHF 20 per bill	EUR/USD 15 per bill
<b>PIN code/PIN replacement</b>	Free of charge	Free of charge	Free of charge
<b>Loss or theft</b>	No charge (CHF 0) for the cardholder if loss/theft is reported immediately and provided that due care was taken (Art. 3 and 4, General Terms and Conditions)	No charge (CHF 0) for the cardholder if loss/theft is reported immediately and provided that due care was taken (Art. 3 and 4, General Terms and Conditions)	No charge (EUR/USD 0) for the cardholder if loss/theft is reported immediately and provided that due care was taken (Art. 3 and 4, General Terms and Conditions)

A summary of all fees is available at [www.viseca.ch](http://www.viseca.ch).

**Important: Please also complete the following page.**

## Extract from the General Terms and Conditions

### Declaration by the undersigned

The undersigned herewith **confirms** that the above statements are accurate and **authorises** Visa Card Services SA to request from third parties, in particular from the Central Office for Credit Information (ZEK), authorities (e.g. debt collection and tax authorities, residents' registration offices), the intermediary bank, credit agencies, employers, other companies of the Aduno Group ([www.aduno-gruppe.ch](http://www.aduno-gruppe.ch)) and other institutions provided for by law such as the Information Office for Consumer Credit (IKO) or other suitable points of information, all information required to verify the information given above, to process the card application, to issue the card and to perform the contract, and, if the card is blocked, the account is in arrears, fraudulent use is made of the card or other such circumstances apply, to also file reports with the ZEK and with other competent authorities as required by law. For these purposes the undersigned herewith **releases** such entities and authorities from their banking, professional and other duties of secrecy.

Viseca Card Services SA may reject this card application without stating reasons. In this case, Visa Card Services SA and the other members of the Aduno Group are authorised to offer the undersigned other products and services (including by sending e-mails to the address given above). The undersigned may revoke this authorisation at any time in writing.

Viseca Card Services SA is authorised to mandate third parties **in Switzerland and abroad** to provide in full or in part any and all services pursuant to the contractual relationship, including rewards programmes (e.g. application processing, manufacturing of cards, online services). The undersigned **authorises** Visa Card Services SA to provide such third parties with the data necessary for diligently performing their duties and to transfer such data **abroad** for such purposes. Data shall only be transferred if the recipient undertakes to keep the data secret and/or to comply with appropriate data protection standards and also obliges any other contractual partners to comply with these duties. For further information about data protection, consult the General Data Protection Policy of the card issuer available at [www.viseca.ch](http://www.viseca.ch).

**By signing and/or using the card, the undersigned confirms that he/she has acknowledged, understood and accepted Visa Card Services SA's Conditions for the Use of Business Cards and Corporate Cards (Conditions).** The undersigned will receive the complete Conditions together with the card. Prior to that the Conditions may be ordered by calling **+41 (0)58 958 84 01**, or a copy may be obtained at [www.viseca.ch](http://www.viseca.ch), where a list of the fees currently applicable to the use of the card and the contractual relationship is also available. **This contract is governed by Swiss law.** The sole place of performance, place of jurisdiction, and – if the undersigned is domiciled or resident abroad – the place of debt collection shall be **Zurich**.

## Signature of applicant and company signatures/stamp

1904

Place/date

Signature of cardholder submitting application

Company stamp

Place/date

Place/date

Legally valid company signature (joint signatures if necessary)

Legally valid company signature (joint signatures if necessary)

First name/last name in block capitals

First name/last name in block capitals

Please send the fully completed and signed form to your bank or to  
Viseca Card Services SA, Hagenholzstrasse 56, P.O. Box 7007, 8050 Zurich.  
Additional application forms may be obtained at your bank's webpage  
or from [www.viseca.ch/corporate](http://www.viseca.ch/corporate).

## Leave blank

Client ID	<input type="text" value="2"/>	<input type="checkbox"/> Preferred partner (if applicable, client ID must be entered)	Date	<input type="text"/>					
Application IID	<input type="text"/>	GSS IID	<input type="text"/>	Bonus code	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	Annual fee Default 01 Alternative 1 <sup>st</sup> year	<input type="text"/>	Subsequent years	<input type="text"/>
Customer category Default FBU		DD ID	<input type="text"/>	DIP	<input type="text"/>	DIS	<input type="text"/>		
Name/place, bank/agent	<input type="text"/>			DIC	<input type="text"/>	Ref. no.	<input type="text"/>		
Contact person	<input type="text"/>			Tel.	<input type="text"/>				
<input type="checkbox"/> Identification carried out as per CDB	<input type="checkbox"/> PEP								