Credit Card Limit Adjustment

Application Form

JN Visa Credit Card Account Number: _____

Principal Cardholder's Details

Title: _____ First Name: _____ Middle Initial: _____ Last Name: _____

Physical Address:

Door: _____ Street: _____ Street 2: _____ Street 3: _____

Sector: _____ City/Town: _____ Post Office/Zip: _____ Parish: _____ Country: _____

Previous Address: *(Please complete if living at physical address for less than 2 years)*

Door: _____ Street: _____ Street 2: _____ Street 3: _____

Sector: _____ City/Town: _____ Post Office/Zip: _____ Parish: _____ Country: _____

Employment Details:

Occupation: _____ Length of time with current employer: _____ *Years* _____ *Months*

Employer's Name: _____ Phone Number: _____ Fax Number: _____

Door: _____ Street: _____ Street 2: _____ Street 3: _____

Sector: _____ City/Town: _____ Post Office/Zip: _____ Parish: _____ Country: _____

Previous Employment Details: *(Please complete if current employment is less than 2 years)*

Occupation: _____ Length of time with current employer: _____ *Years* _____ *Months*

Employer's Name: _____ Phone Number: _____ Fax Number: _____

Door: _____ Street: _____ Street 2: _____ Street 3: _____

Sector: _____ City/Town: _____ Post Office/Zip: _____ Parish: _____ Country: _____

Credit Limit Adjustment Details

Current Credit Limit Adjustment Request: ☐ Increase ☐ Decrease *From* _____ *To* _____

Have you requested a credit limit adjustment recently? ☐ Yes ☐ No Date of last request: _____

How long have you had the JN Visa Credit Card? ☐ 0-6 months ☐ 7-12 Months ☐ 13-24 months ☐ 36 Months and Over

What is your credit rating? ☐ Very Good ☐ Good ☐ Ok ☐ Bad ☐ Very Bad

Monthly Financial Position (This information will be used to determine your ability to make repayments on this credit facility)

Monthly Income:

Total monthly gross salary (before tax):	
Other monthly gross income before tax (e.g. dividends)	
Total Net Monthly Income	

Your Share of Monthly Expenses

If you share expenses, what is your share? e.g. 50%	
Your share of general monthly living expenses (e.g. groceries, utilities, rent, medical, school, fees, etc)	
Your share of other loan expenses (e.g. home loan, personal loan, car loan, charge cards)	

Assets: (If investment, list type of investment & bank)

Asset Type	Amount	Type of Investment/Account	Financial Institution
Value of Home			
Property/ Real Estate			
Other Assets *(Card, Furniture, etc)*			

Liabilities

Liability Type	Name of Lender	Current Outstanding Balance	Your Share of Monthly Repayments

Applicant's Declaration:

Regardless of whether credit is granted, the Applicant consents to JN exchanging information with other parties, including law enforcement authorities, entities within the JN Group and overseas associates, contractors, card issuers and card processors, concerning the Applicant's credit history, income and/or employment. Further, the Applicant agrees that JNBS may share information about the Credit Card Account through licensed credit reference agencies, credit bureau and other financial institutions. Shared information from these agencies or institutions is to make lending decisions to prevent fraud. The Applicant certifies under penalties of perjury that the information provided in this Application is accurate and correct. By signing below the Applicant and all authorized users agree to the conditions contained herein.

Signature of Applicant: _____ Date: _____