

Cardholder Spending Limit Increase Request

Your company details

Company name

Address

Postcode, town/city

Telephone

Cardholder details

→ Cardholder name

ICS Business Card number (the Card's first and last four digits)

				X	X	X	X	X	X				
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Change spending limit ¹

Current spending limit €

Requested spending limit €

Increase duration ²

Temporarily from _____ (date) to _____ (date)

Permanently from _____ (date)

This form must be signed by an authorised company signatory.

Authorised signatory name

Job title

Town/city

Date

Signature

In case of joint authorisation

Name

Job title

Town/city

Date

Signature

1 To assess your request, ICS will perform a credit check that will include consulting the register of the central credit registration office (Bureau Krediet Registratie - BKR) in Tiel and/or commercial information agencies.
2 Please tick/complete.



If you use direct debit, please also complete the 'SEPA Direct Debit Authorisation' form on the next page.

