BALANCE TRANSFER APPLICATION FORM
Fax to 325-2377

Name of Cardholder: _____
First Middle Last

Credit Card No.: | | | | | | | | | | | | | | | | |

Card Expiry Date: | | | | | M M Y Y

Birthdate: | | | | | | | | M M D D Y Y Y Y

Contact Numbers:

Mobile _____ Home/Office _____

Payment Terms:

☐ **6 months** ☐ **12 months** @ 0% (Add: One Time Processing Fee of 8.28%) ☐ **18 months**

☐ **24 months**

Choose your FREE item for the 24 months Balance Transfer term:

☐ Nokia 2630 Classic Cellphone (minimum of 50,000 balance transfer amount)

☐ Nokia 5310 Cellphone (minimum of 100,000 balance transfer amount)

☐ Please deliver my free item to:

Address _____

Please transfer the following balance from these credit cards to my EastWest Bank Credit Card:

1 Card Company/Issuer _____

Credit Card Number | | | | | | | | | | | | | | | | |

Expiry Date | | | | | M M Y Y

Amount to be Transferred: Php _____

2 Card Company/Issuer _____

Credit Card Number | | | | | | | | | | | | | | | | |

Expiry Date | | | | | M M Y Y

Amount to be Transferred: Php _____

3 Card Company/Issuer _____

Credit Card Number | | | | | | | | | | | | | | | | |

Expiry Date | | | | | M M Y Y

Amount to be Transferred: Php _____

TOTAL BALANCE TO BE TRANSFERRED Php _____ MULTIPLY WITH FACTOR RATE _____
(see table on left)

BALANCE TRANSFER INSTALLMENT AMOUNT
I SHALL BE BILLED EVERY MONTH Php _____

Computation shown above is only a guide. EastWest Bank's computation shall be conclusive and binding.

This balance transfer application is based on my instruction and has no implication on my relationship with other credit card issuer/s. EWBC, at its sole discretion, may approve or reject my application. I understand that this application in non-transferable and should my application be denied, EWBC has no obligation on its part to furnish the reason of such rejection. If my balance transfer application is approved, this shall serve as my written authorization to EWBC to initiate payment of my obligation as specified herein. I authorize EWBC to treat facsimile request and documents as binding, and shall be entitled to take appropriate steps in connection to the communication EWBC received in good faith. EWBC shall be held free and blameless for any action taken in connection to my facsimile request and documents specified herein. By signing below, I agree to abide by the EWBC Credit Card Agreement and the Terms and Conditions governing Balance Transfer, which appear in separate document.

Cardholder's Signature _____ Date of Request: _____

For East West Bank's use only

CS

_____ Signature / Date _____

CAS

_____ Signature / Date _____

ACT

_____ Signature / Date _____