Redemption Form

FAX TO 325-2377

Name of Cardholder: _____
First MI Last

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

Card Expiry Date: | | | | | (M M Y Y)

Birthdate: | | | | | | | | | (M M D D Y Y Y Y)

Contact Numbers:

Home _____

Office _____

Mobile _____

E-mail Address _____

Please deliver my redemption to my: ☐ Home Address ☐ Office Address

Redemption Details

Product Code	Item Description	Quantity	Points Required

By signing below, I hereby certify that all details stated are true and correct, I hereby authorize EastWest Bank to process my redemption request without the need of verbal instruction. I also understand that processing of my redemption request is subject to availability of my points and the status of my account. I further agree to the terms and conditions governing the Rewards program as well as the issuance of the EastWest Bank credit card.

_____ _____

Signature Date