

Commercial Card - Maintenance of Limits and or Merchant Restrictions

Please complete this form when requesting an increase or decrease for a Corporate, Purchasing, Virtual Purchasing Card credit limit or to change transaction limits.

Section 1 – Organisation Details

Organisation name

Facility Number

Section 2 – Transaction Limit and Merchant Restrictions

Please nominate merchant category(ies) and a transaction limit, if applicable, that will apply to the below listed cards.

Cardholder Name	Card Number
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>

Please nominate the merchant category(ies) and a transaction limit, if applicable, that will apply to the card.

<input type="checkbox"/> Airline Amount <input type="text"/>	<input type="checkbox"/> Communications Amount <input type="text"/>	<input type="checkbox"/> Medical Amount <input type="text"/>	<input type="checkbox"/> Cash at ATM Amount <input type="text"/>
<input type="checkbox"/> Auto Expense Amount <input type="text"/>	<input type="checkbox"/> Food & Beverage Amount <input type="text"/>	<input type="checkbox"/> Personal Services Amount <input type="text"/>	<input type="checkbox"/> Cash at Branch Amount <input type="text"/>
<input type="checkbox"/> Auto Rental Amount <input type="text"/>	<input type="checkbox"/> Financial Services Amount <input type="text"/>	<input type="checkbox"/> Professional Services Amount <input type="text"/>	<input type="checkbox"/> Transport Amount <input type="text"/>
<input type="checkbox"/> Business Expenses Amount <input type="text"/>	<input type="checkbox"/> Lodging Amount <input type="text"/>	<input type="checkbox"/> Retail Amount <input type="text"/>	<input type="checkbox"/> Education Services Amount <input type="text"/>

Section 3 – Credit Limit Change (multiples of \$100)

Note: Limit changes are subject to facility limit being available

Cardholder Name	Card Number	New Credit Limit

Section 4 – Authorisation

This form must be signed in accordance with the current authorisation held by Westpac. Westpac will not act on these instructions unless the signatories are authorised to do so under the current authorisation held by the Bank. This form is to be signed by

- **Company:** Two Directors or a Director and Company Secretary
- **Trust:** Trustee - if a Company (see above) or by an Individual Trustee
- **Association:** in accordance with Minutes of Meetings or other authority
- **Partnership:** Two Partners or other authority

OR

Authorised Signatory(ies)
To be signed in accordance with the instructions provided by the Organisation at establishment of the facility.

Signatory 1

Name

Position/Title

Signature

Date

Signatory 2

Name

Position/Title

Signature

Date

If this form is signed by Authorised Signatory(ies) please fax to (02)9374 7003 or email commercialcards@westpac.com.au
 Alternatively please return the signed form to your Westpac representative

Westpac Use Only

Load to CCU

Westpac representative is to verify signatures and check that the form has been signed in terms of authority held if signed by Director/Secretary.

Westpac Representative Name

Signature

Phone

Salary Number

Date