

Prepaid Card Services

Bank Card Application

First Name: _____

Last Name: _____

Home Address:

_____ **Street** _____ **Apt. #**

_____ **City** _____ **State** _____ **Zip Code**

Telephone No. (_____) _____

Other Phone No. (_____) _____

E-Mail Address: _____

Government Identification

Birthdate ____/____/____

Social Security No. _____

- OR -

Driver's License _____ - **State or Country** _____

- OR -

Other ID _____ **Country** _____

APPLICANT SIGNATURE _____

(I declare the above statements are true.)

For Merchant Use Only

10-2006

MERCHANT STORE NAME _____ **TermID** _____

MERCHANT SIGNATURE _____ **I confirm their ID (YES / NO)**

-----**For Office Use Only**-----

Date Received: _____ **Date Issued:** _____

Card No. _____ **Approved by** _____

Fax Application by Calling (714) 265-9915

Or mail to:

WHOLESALE WORLD TRAVEL

13210 Harbor Blvd., Suite 157, Garden Grove, CA 92843

Customer Service (1-888-319-2999)