

New Set-up   
  Maintenance   
  Closure

The undersigned employer (the "Company"), hereby designates the following employee(s) as a Scotiabank Visa Business Card Coordinator (the "Coordinator"). The Coordinator is authorized to give instructions, verifications and approvals under the Scotiabank Visa Business Card Agreement.

SVBC Corporate Account

(if available)

**Please Print.**

**Company Name\*** (maximum 21 characters - to appear on the card)   
  New   
  Replace   
  Update

**Company Address\***   
  New   
  Replace   
  Update

Street (maximum 30 characters)		
City (maximum 27 characters)	Province	Postal Code

**Primary Coordinator Information\***   
  New   
  Replace   
  Update

Title	First Name	Last Name (full name cannot exceed 24 characters)	Initial
Email Address (maximum 60 characters) <sup>1</sup>			
Business Phone Number		Business Fax Number	

**Secondary Coordinator Information**   
  New   
  Replace   
  Update

Title	First Name	Last Name (full name cannot exceed 24 characters)	Initial
Email Address (maximum 60 characters)			
Business Phone Number			

**Coordinator Password\*, (8-10 characters - alphanumeric, no special characters)**  
**RETAIN A COPY - required for verification purposes when coordinator contacts Scotiabank Visa Business Card Call Centre for support.**

\_\_\_\_\_  
Customer Authorized Signing Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Customer Authorized Signing Officer

\_\_\_\_\_  
Date

**Note Section:**

\* Mandatory Information

- Please make sure to adjust your company spam filters and firewall setting to accept emails from Scotia-bank@tmr3.com (CAD program) and Scotia.bank@tmr3.com (USD program), otherwise your coordinator(s) may experience difficulties receiving their Welcome Email notifications.

**For more information please refer to Visa Business Card Resource Centre at [www.scotiabank.com/svbcrc](http://www.scotiabank.com/svbcrc).**