



**METROBANK CARD BALANCE TRANSFER APPLICATION FORM**

Name: \_\_\_\_\_

Metrobank credit card number: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

*(ignore if balance transfer application is made together with card application)*

Contact Number: \_\_\_\_\_

**BALANCE TRANSFER DETAILS**

Credit Card Account Number	Credit Card Company	Balance to Transfer

Total Balance Transfer Amount: 

--

**Preferred Term:**

- 6 months     9 months     12 months     18 months     24 months

This Balance Transfer application is based on my instructions and has no implication on my relationship with any card issuer. You may approve or reject my request at your sole discretion. I understand that should my application be denied, MCC has no obligation on its part to furnish the reason for such rejection. I understand this application is non-transferable and non-revocable. I also authorize MCC to proceed with the Balance Transfer processing up to my available credit limit even if my Metrobank credit card has not yet been delivered. By signing below, I agree to abide by the Terms and Conditions governing the use of the credit card and the Balance Transfer facility as stated in [www.metrobankcard.com](http://www.metrobankcard.com). I also agree to pay all interests, fees and other charges and any government tax that may be levied thereon.

\_\_\_\_\_  
Signature of Principal Cardholder

\_\_\_\_\_  
Date