

Shell Card Limit Amendment Form

Company Name: _____

Customer Number: _____ **Contact Person:** _____

Contact Phone: _____ **Fax:** _____

Email: _____

Signature of Owner/Director/Manager: _____

Please choose a limit for your card(s) as follow:

Daily Limit: **\$150 \$250 \$500 \$1,000 \$2,000**

Monthly Limit: **\$500 \$1,000 \$5,000 \$15,000 \$30,000**

Card number	Daily Limit	Monthly Limit

Return this page by facsimile **04 472 1071**, or email to shellcard@retail.org.nz or post to New Zealand Association, **P O Box 12 086, Wellington.**

Your email address will only be used for the purpose of responding to this limit amendment request.