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 **04 805 0831**, or email to **shellcard@retail.org.nz** or post to New Zealand Retailers Association, **P O Box 12 086, Wellington 6144**.

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