new zealand Retailers association

Shell Card Limit Amendment Form

Company Name: _____

Customer Number: _____

Contact Person: _____

Contact Phone: _____

Fax: _____

Email: _____

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.