

# Q pay with Q™ USD Card Application Form



## CORPORATION ACCOUNT INFORMATION:

Member Number: \_\_\_\_\_

## MEMBER INFORMATION:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Personalized Name: *(optional)* \_\_\_\_\_ (21 CHARACTERS TOTAL)

Address Line 1: \_\_\_\_\_ (30 Characters)

Address Line 2: \_\_\_\_\_ (30 Characters)

Zip code/Postal Code: \_\_\_\_\_ (10 Characters) Country: \_\_\_\_\_

Referrer No: \_\_\_\_\_ Date of Birth (mm/dd/yy): \_\_\_\_\_

Nationality: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

Official ID: \_\_\_\_\_ Home Phone No: \_\_\_\_\_

Email Address: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Skype: \_\_\_\_\_ Work No: \_\_\_\_\_

## IDENTIFICATION INFORMATION:

To comply with our Issuing Bank and Card Association "Know Your Client" policies, Benefits on Madison, inc. will require two pieces of **NOTARIZED** identification to be included with your application and will be held on file in order to confirm your identity.

PROOF OF IDENTITY	PROOF OF ADDRESS*
Passport where the address differs	Telephone Bill*
Voters ID Card	Gas Bill*
Drivers License	Water Bill*
Government /Defense ID	Electric Bill*
ID Cards of reputed employers	Letter From Employer*
Letters from a recognized public authority or public servant	

\* no longer than 3 months old

**DELIVERY METHOD** – Card(s) will be sent to your mailing address within 10 to 15 business days from the time your application is approved. Upon receipt of your card, you will receive written instructions on how to activate and register your card in your Welcome Kit.

I agree that the use of any MasterCard Prepaid Card ("Card") issued in response to this application will constitute my Agreement to be jointly and severally bound by the Term and Conditions of this MasterCard Prepaid Cardholder Agreement delivered with the Card. It is certified that the above information is complete and true, and is given to induce Madison Insurance Group, Inc. to issue said Card. I authorize you to make whatever credit and/or investigative inquiry deemed necessary in connection with this Application.

I have read and agree to the terms and conditions set forth.

Signature: \_\_\_\_\_ Application Date: \_\_\_\_\_