

**Applicant 1 / Solicitante 1**

If you are an existing customer, please indicate the Mercantil Commercebank Checking Account that will be linked to your Visa Check Card.  
*Si es un cliente existente, por favor indique la cuenta corriente de Mercantil Commercebank que será asociada a la tarjeta Visa Check Card.*

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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How would you like your name to appear on your card?  
*Escriba su nombre tal como desea que aparezca en la tarjeta.*

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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By signing this application, I/we acknowledge that the information provided is for purposes of obtaining a Mercantil Commercebank Visa Check Card and is true and complete.  
*Al firmar esta solicitud, yo / nosotros reconocemos que la información proporcionada es para obtener una Mercantil Commercebank Visa Check Card y es verdadera y completa.*

Name (please print)  
*Nombre (favor utilizar letra imprenta)*

<input type="text"/>
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Signature  
*Firma*

Date (MM/DD/YYYY)  
*Fecha (mes/día/año)*

<input type="text"/>	<input type="text"/>
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**Applicant 2 / Solicitante 2**

If you are an existing customer, please indicate the Mercantil Commercebank Checking Account that will be linked to your Visa Check Card.  
*Si es un cliente existente, por favor indique la cuenta corriente de Mercantil Commercebank que será asociada a la tarjeta Visa Check Card.*

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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How would you like your name to appear on your card?  
*Escriba su nombre tal como desea que aparezca en la tarjeta.*

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Name (please print)  
*Nombre (favor utilizar letra imprenta)*

<input type="text"/>
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Signature  
*Firma*

Date (MM/DD/YYYY)  
*Fecha (mes/día/año)*

<input type="text"/>	<input type="text"/>
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