

PLEASE EMAIL WITH DOCS* TO solicitudes@svis.com



Customer Credit Card Application
Solicitud de Tarjeta de Crédito del Cliente

Complete the application (Directly from your PC or by printing it in black or blue ink readable print), without deletion or amendment.
Completar la solicitud para (Directamente desde su PC o al imprimirla en letra imprenta legible en tinta negra o azul), sin tachadura ni enmiendas.

Personal Data of the Holder | Datos Personales del Titular

Form fields for personal data including First Name, Second Name, Last Name, Second Surname, Passport number, Country of Issue, Second ID Type, Second ID number, Sex, Marital Status, DOB, Country of Birth, Home Phone, Work Phone, Mobile Phone, E-mail, Complete Residential Address, City, State, Country, and Zip Code.

Documents Required for Card Issuance | Documentos Requeridos para Emisión de Tarjeta

In order to process your application SERVICIOS LOGÍSTICOS Y SOLUCIONES DE PANAMÁ, S.A. requires that you attach a copy of the following documents:
Para procesar su solicitud SERVICIOS LOGÍSTICOS Y SOLUCIONES DE PANAMÁ, S.A. requiere que adjunte copia de los siguientes documentos:

- First ID | Primera Identificación
Passport required if not a citizen of Panama
Pasaporte requerido si no es ciudadano de Panamá
Second ID | Segunda Identificación
Utility Receipt | Recibo Servicio Público

How do you want the name to appear on the card:
Como desea que aparezca el nombre en la tarjeta:

Data for Card Submission, Statements and Communications | Datos para Envío de Tarjetas, Estados de Cuenta y Comunicaciones

Form fields for card submission including Address for delivery of Credit Card, City, Country, and Email address where you want to receive your statements and Credit Card information.

I warrant that all statements above are true. Also by signing this application, I authorize SERVICIOS LOGÍSTICOS Y SOLUCIONES DE PANAMÁ S.A. to request, consult, collect, transmit and disclose to any Credit Risk Office to which SLS Panama is affiliated or to any competent authority including but not limited to the Local Legislation pertaining to corporations and the legislation that regulates consumer credit information on the credit history.

Garantizo que toda la información antes mencionada es verdadera. Con la firma de esta solicitud, autorizo a SERVICIOS LOGÍSTICOS Y SOLUCIONES DE PANAMÁ,S.A. para solicitar, consultar, recopilar, transmitir y revelar a cualquier central de información de crédito a la cual SLS PANAMÁ se encuentra afiliada o a toda autoridad competente, incluidaPs pero no limitadas a la Legislación de Empresas y a la que regula el servicio sobre el historial de crédito.

day month year
Applicant's signature
Firma del Solicitante

For Exclusive Use of (Para Uso Exclusivo de) SERVICIOS LOGÍSTICOS Y SOLUCIONES DE PANAMA, S.A.

Form for exclusive use including Reception Date, Account Number, Line of Credit, Available Load, Department, REMARKS, and APPROVAL OF THE CREDIT COMMITTEE with fields for Approval date, Approved by, and Signature.

ENVIAR POR CORREO CON DOCS* A solicitudes@svis.com