Joint Owner



Add a Joint Owner

A Joint Owner is a person you add to your Aeromexico Visa® Card Account. In the case of a joint account, each Cardmember has the right to use the Account to the extent of the Account credit limit and will be liable for all credit extended under the Account. For your protection, we require your written authorization to add an individual to your Account and we require the signature and agreement of the Joint Owner. To request an addition, fax or mail this completed form back to us at the number/address noted below. Your Account terms will not change.

Primary Cardmember Name (please print as	it appears on your	card):	
Aeromexico Visa Card Account Number:		·	
Primary Cardmember's Total Annual Income	,*,**. 	Monthly Housing Payment:	Own Dther
*Alimony, child support or separate mainted repaying this obligation.	enance income	need not be revealed if you do not wish to I	nave it considered as a basis for
**Include personal and, if applicable, spousal/or rental properties, etc. APPLICANTS UNDER		income. Total annual income can include wage e income earned by the applicant.	es, retirement income, investments,
Primary Cardmember Signature:			Date:/
Joint Owner Name (please print):			
First	_ Middle	Last	Suffix
Date of Birth:		Social Security Number:	
Home Phone:		Cell Phone (optional):	
Street Address (No P.O. Boxes, U.S. Addres	sses only):		
City		State	Zip Code
Mailing Address (if different than above):			
Country of Citizenship:			
Joint Owner Employment Status (Choose O	,	Full-Time Employment ☐ Part-Time Emp Self Employed ☐ Homemaker ☐ Reti	
Work Phone Number: ()	Joi	int Owner's Occupation:	
Joint Owner's Total Annual Income*,**:		Monthly Housing Payment:	Own Other
		need not be revealed if you do not wish to I	
		come that was not already included by the prima erties, etc. APPLICANTS UNDER 21: Only provi	
Main Source of Joint Owner's Total Annual I	ncome (Choose	e One):	
		☐ Inheritance ☐ Rental Income ☐ Busine	
☐ Government Program ☐ Social Security			
For Wisconsin residents only: Married Wi Account is opened, we may give notice of the			eir spouse below. If this credit
I am: Unmarried Married and the nar	ne of my spous	e is:	
Spouse resides at: The address shown a	above or at		

U.S. Bank National Association ("we", "us", and "our") may request consumer credit reports about you for evaluating this request and in the future for reviewing Account credit limits, for Account renewal, for servicing and collection purposes, and for other legitimate purposes associated with your Account. Upon your request, we will inform you if a consumer report was requested and, if it was, provide you with the name and address of the consumer reporting agency that furnished the report. By providing us with a telephone number for a cellular phone or other wireless device,

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including a number that you later convert to a cellular number, you are expressly consenting to receiving communications - including but not limited to prerecorded or artificial voice message calls, text messages, and calls made by an automatic telephone dialing system - from us and our affiliates and agents at that number. This express consent applies to each such telephone number that you provide to us now or in the future and permits such calls for non-marketing purposes. Calls and messages may incur access fees from your cellular provider.

By signing below as a Joint Owner, I understand that I will be individually and jointly liable for credit extended on this Account, and I agree that information I have provided on this form is true and correct and that I will abide by the terms of the Cardmember Agreement, which will arrive with my Aeromexico Visa Card.

Joint Owner Signature:	Date:	1 1	1

IMPORTANT INFORMATION ABOUT ADDING A NEW ACCOUNT HOLDER TO AN ACCOUNT: To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask you for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

If you have further questions, please contact our 24-hour Cardmember Service Department at 866-794-2136. We are here to provide solutions for your banking needs and look forward to serving you in the future.

Please fax your completed form to: 1-866-568-7729 Or mail to: U.S. Bank National Association, PO Box 6352, Fargo, ND 58125-6352

