



Retail Banking Division  
Sales & Service Centre

Date

## CREDIT CARD INSTALLMENT PAYMENT FORM

### CBL Credit Card Information

Cardholder Name

CBL Credit Card Number

Expiry Date     Credit Limit  BDT

### Transaction Details

Transaction Amount

Transaction Date

Shop/Merchant Name

Number of Installment sought for  6  12  18  24  30  36

Yes, I would like to take the facility of CBL Credit Card Installment Plan program. The terms & conditions are fully understood by me of this program.

Signature

Date

### For Bank Use Only

Instruction Checked by \_\_\_\_\_ Date

Instruction Processed by \_\_\_\_\_ Date