

# The One World Prepaid MasterCard®

## *Customer Application*

### **PERSONAL INFORMATION ( Card Holder )**

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Home Street Address

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone # ( \_\_\_\_ ) \_\_\_\_\_

Driver's License Number \_\_\_\_\_ (Attach Copy) \_\_\_\_\_ State Issued \_\_\_\_\_

Social Security # \_\_\_\_\_ (Attach Copy)

**DOB Month/Day/Year** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Please include a clean copy of Drivers Liscence or Personal Identification.

Your application will be processed within 24 hours. Once your card is shipped you will have bank wire instructions included.

Signature \_\_\_\_\_ Return Fax Number \_\_\_\_\_

Please fax your completed application form to: 1 866 316 4795

Mail to: Digital World Card Inc., 46th Floor, 140 Broadway, NewYork, NY  
10005 – 1101 USA

Incomplete information will not be processed.