

Signature Card

Print, sign and return this signature card to HSBC.

Fax: (212) 382-5596
To: HSBC Customer Relationship Center
Mailing Address: HSBC Bank USA, N.A.
PO Box 4045
Buffalo, NY 14240

Print Name of Applicant(s): _____
Primary Applicant

Joint Applicant (IF APPLICABLE)

Click your mouse on the "Print Name of Applicant" line to the left and complete your information. Use your "Tab" (→) key to jump from field to field to type in information.

Application ID Number(s): _____
Social Security Number(s) / Tax Payer Identification Number(s): _____
Primary Applicant

JOINT APPLICANT (IF APPLICABLE)

I acknowledge that my signature below may be used by HSBC to authenticate my account transactions.

SIGNATURE: X _____
PRIMARY APPLICANT'S NAME

Date: _____

SIGNATURE: X _____
JOINT APPLICANT'S NAME (IF APPLICABLE)

Date: _____