

APPLICANT

Note: All Applicable Sections Should Be Filled Out Completely. If Not, Processing Of Your Application May Be Delayed.

Last Name		First	Middle	Social Security Number	
Date of Birth	No. of Dependents	Home Phone	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other		Monthly Payment \$
Current Address		City	State	Zip Code	How Long (Yrs.)
Employer		Self Employed <input type="checkbox"/> Yes <input type="checkbox"/> No	Work Phone		How Long (Yrs.)
Address		Position / Occupation			Monthly Gross Income \$

CO-APPLICANT or SPOUSE

Complete This Section Only If Co-Applicant or Spouse Is Applying For a Joint Account.

Last Name		First	Middle	Social Security Number	
Date of Birth	No. of Dependents	Home Phone	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other		Monthly Payment \$
Employer		Self Employed <input type="checkbox"/> Yes <input type="checkbox"/> No	Work Phone		How Long (Yrs.)
Address		Position / Occupation			Monthly Gross Income \$

CREDIT DISCLOSURES

ANNUAL PERCENTAGE RATE FOR PURCHASES	ANNUAL MEMBERSHIP FEE	GRACE PERIOD FOR PURCHASES	METHOD OF COMPUTING THE BALANCE FOR PURCHASES	LATE PAYMENT FEE	OVER THE LIMIT FEE	CASH ADVANCE FEE
9.50% or 10.25% BASED ON CREDIT SCORE	NONE	25 DAYS *	AVERAGE DAILY BALANCE INCLUDING NEW PURCHASES *	\$10.00	NONE	NONE

At the date this application was printed (shown in the lower right-hand corner – this side) the information listed above was accurate. Because rates and terms are subject to change, you may contact us for the current information by writing to the business reply address shown below.

* A Finance Charge will be imposed on Credit Purchases only if you elect not to pay the entire New Balance shown on your monthly statement for the previous billing cycle within 25 days from the closing date of that statement. If you elect not to pay the entire New Balance shown on your previous monthly statement within that 25-day period, a Finance Charge will be imposed on the unpaid average daily balance of such Credit Purchases from the previous statement closing date and on new Credit Purchases from the date of posting to your account during the current billing cycle, and will continue to accrue until the closing date of the billing cycle preceding the date on which the entire New Balance is paid in full or until the date of payment if more than 25 days from the closing date.

The Finance Charge for a billing cycle is computed by applying the monthly Periodic Rate to the average daily balance of Credit Purchases, which is determined by dividing the sum of the daily balances during the billing cycle by the number of days in the cycle. Each daily balance of Credit Purchases is determined by adding to the outstanding unpaid balance of Credit Purchases at the beginning of the billing cycle any new Credit Purchases posted to your account, and subtracting any payments as received and credits as posted to your account, but excluding any unpaid Finance Charges.

A Finance Charge will be assessed on Cash Advances from the date of the Cash Advance, or the first day of the billing cycle in which the Cash Advance is posted, whichever is later, and will continue to accrue until payment in full is made.

SIGNATURE(S)

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING: This statement is submitted to obtain credit and I/We certify that all information herein is true and complete. I/We agree that inquiries may be made to verify information and that credit references or verification may be given based on inquiries from other parties. This offer is subject to the credit policies of this institution. I/We agree to be bound by the terms and conditions of the bank card agreement, a copy of which will be mailed to the applicant if this application is granted, receipt of such agreement and acceptance of such terms to be conclusively presumed by the applicant's use. If this is a joint application, the undersigned shall be jointly and severally liable for any and all credit extended from time to time.

X _____ X _____
Applicant Signature Date Co-Applicant Signature Date

TRANSFER OF BALANCE REQUEST

Upon approval, I wish to transfer my present balance on the credit card account(s) listed below to my new credit card account.

Visa Account No. _____ MasterCard Account No. _____

Signature _____ Please send a copy of your last STATEMENT.

FOR INTERNAL USE ONLY

Visa Account No.			Visa Account No.		
DATE APPROVED	CREDIT LINE	APPROVED BY	DATE APPROVED	CREDIT LINE	APPROVED BY

NAME of nearest Relative NOT living with you: _____ Relationship: _____

Physical Address: _____ HOME PHONE NUMBER: (_____) _____

ADDITIONAL ADDRESS (i.e.: P O BOX): _____ ZIP CODE (IF P.O. BOX): _____

CITY, STATE & ZIP CODE: _____

OUTSTANDING DEBTS (List Everything)

CREDITOR (NAME, ADDRESS AND/OR ACCOUNT #)	LOAN DATE	ORIGINAL DEBT	PRESENT BALANCE	MONTHLY PAYMENT	PAST DUE YES/NO
RENT					
MORTGAGE					
AUTO LOAN					
CREDIT UNION					
CREDIT CARD					
CREDIT CARD					
CREDIT CARD					
FINANCIAL INSTUTION					
FINANCIAL INSTITUION					
ALIMONY, ETC.					
OTHER					
OTHER					
Attach another sheet if necessary					
TOTALS					

Are there any other persons obligated on any of the above loans? Yes No (If yes, which ones and who? _____)

Are you a co-maker, co-signer or guarantor on any loan? Yes No (If Yes, for whom? _____ To whom? _____)

Have you been declared bankrupt in the last 14 years? Yes No

Everything that I have stated in this application is correct to the best of my knowledge. You are authorized to check my credit and employment history and to answer questions about your credit experience with me.