

**CREDIT APPLICATION**

Credit Limit Requested \$ \_\_\_\_\_

**Check Account Choice:**

(Signature required for joint applicant)

**Visa® Platinum**

- Individual Account
- Joint Account:
- Credit Line Increase

**IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT:** To help the government fight the funding of terrorism and money laundering activities, Federal laws require all financial institutions to obtain, verify and record information that identifies each person who opens an Account. What this means to you: When you open an Account, we will ask 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.

**APPLICANT** Note: All applicable sections should be filled out completely to avoid delay in processing your application.

Last Name		First	Middle	Social Security Number	
Date of Birth	No. of Dependents	Home Phone ( )	Own <input type="checkbox"/>	Rent <input type="checkbox"/>	Other <input type="checkbox"/>
Current Address		City	State	Zip Code	How Long (yrs)
Mailing Address (if different from above)		City	State	Zip Code	How Long (yrs)
Previous Address (if less than 2 years at present address)		City	State	Zip Code	How Long (yrs)
Employer	Self Employed <input type="checkbox"/> Yes <input type="checkbox"/> No	Work Phone ( )	Date Employed		
Address					
Position/Occupation					
Name and Address of Previous Employer (if less than 2 years at present employer)					
Source of Additional Income: Income from alimony, child support or separate maintenance need not be revealed if it is not considered in determining creditworthiness.					
Nearest Relative (Not Living With You)					
Their Address		City	State	Zip Code	Relationship
		City	State	Zip Code	Zip Code

**CO-APPLICANT**

Information about a co-applicant is not required for an individual account.

Last Name		First	Middle	Social Security Number	
Date of Birth	No. of Dependents	Home Phone ( )	Own <input type="checkbox"/>	Rent <input type="checkbox"/>	Other <input type="checkbox"/>
Current Address		City	State	Zip Code	How Long (yrs)
Previous Address (if less than 2 years at present address)		City	State	Zip Code	How Long (yrs)
Employer	Self Employed <input type="checkbox"/> Yes <input type="checkbox"/> No	Work Phone ( )	Date Employed		
Address					
Position/Occupation					
Monthly Payment		Monthly Gross Income \$			

**CREDIT INFORMATION**

Attach Additional Sheets If Necessary

Name and Address of Creditor	Name under Which Account is Carried	Account Number	Balance	Monthly Payment
1. Home Mortgage/Rent				
2. Bank Credit Card/Bank Name and Address				

**CREDIT DISCLOSURES**

Annual Percentage Rate (APR) for Purchases (Fixed)	<b>6.75% to 16.75%</b>
Cash Advance APR (Fixed)	6.75% to 16.75%
Balance Transfer APR (Fixed)	6.75% to 16.75%
Penalty APR	18.00% - If payment is received over 30 days late 3 times in a 12 month period or 60 days late 1 time.
Grace Period for re-payment of balances for purchases	10 Days
Late Payment Fee	\$20.00
Over-the-Credit-Limit Fee	\$25.00

**CHARGE CARD INSURANCE PROTECTION REQUEST**

By electing optional Charge Card insurance, I acknowledge that Charge Card includes credit life, disability, involuntary unemployment, and leave of absence to the extent available in my state as described in the Summary of Insurance. I read and I meet the age eligibility requirements shown in the Summary of Insurance\*. Monthly premium charges are based on the account balance and the rate shown, I may cancel anytime. \*Please see the Summary of Insurance on the back. Yes, please enroll me in Charge Card Credit Insurance

Signature \_\_\_\_\_ Date of Birth \_\_\_\_\_ Date \_\_\_\_\_ N1991-0299 NonStd ID#19

**SIGNATURES**

**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 cardholder 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. We may report information about your account to the credit bureaus: Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

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.

Credit Card Account Number \_\_\_\_\_ Amount to be transferred \$ \_\_\_\_\_  
Signature \_\_\_\_\_

**FOR INTERNAL USE ONLY**

Visa Account No. \_\_\_\_\_