

CREDIT APPLICATION

Check Card Choice:

- Visa
 Visa Platinum

Check Card Choice:

- Individual Account
 Joint Credit
 Credit Limit Increase

Credit Limit Requested \$ _____

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
Current Address		City	State	Zip Code	How Long (yrs)
Mailing Address (if different from above)		City	State	Zip Code	How Long (yrs)
Previous 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 \$
Name and Address of Previous Employer					How Long (yrs)
Source of Additional Income [†]					Amount per Month \$
Nearest Relative (Not Living With You)			Home Phone		Relationship
Their Address		City	State	Zip Code	

[†]You Need Not Furnish Alimony, Child Support or Maintenance Income Information If You Do Not Want Us to Consider It In Evaluating Your Application.

CO-APPLICANT or SPOUSE

Complete This Section Only If Co-Applicant or Spouse Is Applying for 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
Current Address		City	State	Zip Code	How Long (yrs)
Previous 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 \$
Name and Address of Previous Employer					How Long (yrs)
Source of Additional Income [†]					Amount per Month \$

[†]You Need Not Furnish Alimony, Child Support or Maintenance Income Information If You Do Not Want Us to Consider It In Evaluating Your Application.

CREDIT INFORMATION

Attach Additional Sheet if Necessary

Bank Name and Address		Main Bank Officer		
Checking Account Number / Name Listed		Savings Account Number / Name Listed		
Name and Address of Creditor	Name Under Which Account is Carried	Account Number	Balance	Monthly Payments
1. Automobile			\$	\$
2. Home Mortgage			\$	\$
3. Institution Credit Card / Institution Name and Address			\$	\$
4. Other			\$	\$

Interest Rates and Interest Charges

Annual Percentage Rate (APR) for Purchases	15.48%
APR for Cash Advances	15.48% An interest charge will be assessed on cash advances from the date of the cash advance, or the first billing cycle in which the cash advance is posted, whichever is later, and will continue to accrue until payment in full is made.
How to Avoid Paying Interest on Purchases	Your due date is at least 25 days after the close of each billing cycle. We will not charge you any interest on purchases if you pay your entire balance by the due date each month.
For Credit Card Tips from the Consumer Financial Protection Bureau	To learn more about factors to consider when applying for or using a credit card, visit the website of the Consumer Financial Protection Bureau at http://www.consumerfinance.gov/learnmore .
Fees	
Transaction Fees • Foreign Transaction	A Visa International Service Assessment (ISA) Fee will be assessed on all transactions where the merchant country differs from the country of the card issuer and will be shown separately from the transaction on your billing statement. A 1% fee will be assessed on international transactions when a currency conversion occurs and 1% when a currency conversion is not performed.
Penalty Fees • Late Payment • Returned Payment	- If a payment is 11 days more or late, I will be charged 5.00% of the regularly scheduled payment of \$5.00, whichever is greater up to \$35.00. - \$30.00

How We Will Calculate Your Balance: We use a method called "average daily balance (including new purchases)." See your account agreement for more details.

SIGNATURE(S)

PLEASE READ THE FOLLOWING VERY 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. The 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	Co-Applicant Signature
Date	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 No. _____

Signature _____

Please send a copy of your last STATEMENT.

FOR INTERNAL USE ONLY

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