

Credit Card Application

Visa Classic

Check Type of Account Desired: Individual Account Joint Account
 Individual Account with Authorized User

Member Account Number _____

Please note: If you are applying for credit in your name only, do not complete portion on co-applicant.

Applicant Name (Last-First-Middle)				Co-Applicant Name (Last-First-Middle)			
Home Address (Street & No.)			How Long?	Home Address (Street & No.)			How Long?
City-State-Zip				City-State-Zip			
Previous Home Address			How Long?	Previous Home Address			How Long?
Home Phone No. ()	Birth Date	No. of Dependents	Ages	Home Phone No. ()	Birth Date	No. of Dependents	Ages
Social Security No.		Driver's License No. and State		Social Security No.		Driver's License No. and State	
Mother's Maiden Name		Gross Annual Salary \$	Net Monthly Pay \$	Mother's Maiden Name		Gross Annual Salary \$	Net Monthly Pay \$
Employer		Position	How Long?	Employer		Position	How Long?
Business Address/Phone ()				Business Address/Phone ()			
Previous Employer		Position	How Long?	Previous Employer		Position	How Long?
Previous Business Address				Previous Business Address			

Note: Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.

Alimony, child support, separate maintenance received under
 court order written agreement oral understanding
 Other income: \$ _____ per _____ Source(s) of other income _____

Is any income listed in this section likely to be reduced in the next two years?
 Yes (Explain in detail on a separate sheet) No

HAVE YOU EVER FILED BANKRUPTCY? Yes No
 HAVE YOU ANY LEGAL PROCEEDINGS AGAINST YOU? Yes No

Outstanding Debts (Include charge accounts, installment contracts, credit cards, rent, mortgages, etc. Use separate sheet if necessary.)

Mortgage or Landlord	Payment Address	Mortgage/Rent Payment	Original Amount	Balance Due*	Market Value
Autos Owned-Make	Year	License Number	Financed By	\$	Monthly Payment
Name and Address (Other Debts)		Account Number	Interest Rate	\$	\$
				\$	\$
				\$	\$
ARE YOU A COMAKER OF ANY OTHER LOANS? <input type="checkbox"/> Yes <input type="checkbox"/> No				\$	\$
Checking Account No.	Location	Savings Account No.	Location	\$ Total	

* Place a check mark (✓) next to the balances you want to pay off with your credit card.

Name of Nearest Relative Not Living with You _____ Address (City-State-Zip) _____ Relationship _____

Complete the following only if you reside in a community property state (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington or Wisconsin); or if another person will be jointly liable on the account. Married Separated Unmarried

This statement is submitted to obtain credit and I/We certify that all information herein is true and complete. I/We also authorize the credit union to verify or obtain further information the credit union may deem necessary concerning my/our credit standing. If this application is approved and a credit card(s) issued, the undersigned applicant(s) by signing, using or permitting another to use the credit card(s) agree(s) that the applicant(s) will be bound by the terms and conditions of the VISA agreement which will be furnished to me/us. I/We agree to pay the credit union all reasonable costs credit union incurs to collect debts incurred under my/our VISA agreement with credit union, or realize on any security, including reasonable attorneys' fees, court costs and collection agency fees to the extent allowed by applicable laws or regulations. I/We understand that a contingent or hourly fee arrangement may be established under an agreement entered into by credit union with an attorney and/or collection agency to collect debts incurred under my/our VISA agreement if it is in default and I/We hereby agree that any such fee arrangement is reasonable. This provision also shall apply if I/We file a petition or any other claim for relief under any bankruptcy rule or law of the United States, or if such petition or other claim for relief is filed against me/us by another.

APPLICANT'S SIGNATURE **X** _____ DATE _____ CO-APPLICANT'S SIGNATURE **X** _____ DATE _____

Credit Disclosure	
ANNUAL PERCENTAGE RATE (APR) FOR PURCHASES	16.5%
OTHER APRS	CASH ADVANCE APR: 16.5% BALANCE TRANSFER APR: 16.5%
GRACE PERIOD FOR REPAYMENT OF BALANCES FOR PURCHASES	25 DAYS
METHOD OF COMPUTING THE BALANCE FOR PURCHASES	AVERAGE DAILY BALANCE (INCLUDING NEW PURCHASES)
ANNUAL FEE	NONE
MINIMUM FINANCE CHARGE	NONE
TRANSACTION FEE FOR PURCHASES	NONE
TRANSACTION FEE FOR CASH ADVANCES: NONE BALANCE TRANSFER FEE: NONE LATE PAYMENT FEE: \$15.00 OVER THE CREDIT LIMIT FEE: \$15.00	

OTHER FEES AND CHARGES:
 DOCUMENTATION FEE: \$15.00
 RETURNED CHECK FEE: \$15.00
 NEW OR REPLACEMENT CARD FEE: \$15.00
 CARD RECOVERY FEE: \$15.00

Pledge of Shares (This must be signed for a card to be issued.)

By signing below, you pledge to us and grant us a security interest in all of your shareholdings with us including paid shares and future payments on shares, to secure your credit card account with us. You authorize us to apply these shareholdings to pay any amounts due on the account or under this agreement if you should default.

X _____
 Applicant's Signature

X _____
 Co-Applicant's Signature

FOR CREDIT UNION USE ONLY

ACCOUNT NO. _____
 CREDIT LIMIT OF \$ _____ DATE APPROVED _____
 APPROVED BY _____
 COMMENTS _____