CREDIT APPLICATION

VISA

Check Account Choice:
(Only One)
☐ INDIVIDUAL ACCOUNT
☐ JOINT ACCOUNT
☐ CREDIT LIMIT INCREASE

APPLICANT

Note: All 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 Telephone	☐ Own ☐ Rent ☐ Other	Mo. Payment $

Street Address	City	State	Zip Code	How Long (yrs)
1. Previous Address	City	State	Zip Code	How Long (yrs)
2. Previous Address				How Long (yrs)

Employment	Self Employed ☐ Yes ☐ No	Telephone Number	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)	Telephone Number		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.

SPOUSE/CO-APPLICANT

Provide the following information only if spouse/co-applicant is a joint applicant or will be an account user.

Last Name	First	Middle	Social Security Number

Date of Birth	No. of Dependents	Home Telephone	☐ Own ☐ Rent ☐ Other	Mo. Payment $

Street Address	City	State	Zip Code	How Long (yrs)
Previous Address	City	State	Zip Code	How Long (yrs)

Employment	Self Employed ☐ Yes ☐ No	Telephone Number	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

Bank Name and Address	Branch	Loans ☐ Open ☐ Closed
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 Payment
1. Automobile			$	$
2. Home Mortgage			$	$
3. Bank Credit Card/ Bank Name and Address			$	$
4.			$	$
5.			$	$

SIGNATURE(S)

YES Please enroll me in the Chargegard Insurance plan providing coverage as described. I understand it is not required to obtain credit and will not be provided unless I sign and agree to pay the additional cost disclosed. Coverages, benefits, exclusions and rates vary by state. Please refer to your certificate for details.

Sign X _____ Primary Cardholder Date ___/___/___ Birthdate ___/___/___ Sign X _____ Co-Cardholder (Spouse) Date ___/___/___ Birthdate ___/___/___

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.

✔ _____ Applicant Signature Date

✔ _____ Co-Applicant Signature Date

CREDIT DISCLOSURE

ANNUAL PERCENTAGE RATE FOR PURCHASES	ANNUAL MEMBERSHIP FEE	GRACE PERIOD	METHOD OF COMPUTING THE BALANCE FOR PURCHASES	LATE PAYMENT FEE	OVER THE LIMIT FEE			
12 %	NONE	25 days*	AVERAGE DAILY BALANCE INCLUDING NEW PURCHASES	$5.00	$10.00			

At the date this application was printed (shown in the right corner below) 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 on the reverse side.

*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 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 by the number of days in the billing 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 posted to your account, but excluding any unpaid finance charges.
Return Check Fee: $10.00. Card Replacement: $5.00. RESIDENTS OF ILLINOIS MAYCONTACT THE COMMISIONER OF BANKS AND TRUST COMPANIES FOR COMPARATIVE INFORMATION ON INTEREST RATE, CHARGES, FEES AND GRACE PERIODS. STATE OF ILLINOIS-CIP, P.O. BOX 10181, SPRINGFIELD, ILLINOIS 62791. 1-800-634-5452

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.									
DATE APPROVED	CREDIT LINE	APPROVED BY			DATE APPROVED	CREDIT LINE	APPROVED BY		
NO. CARDS	PRO. CODE				NO. CARDS	PRO. CODE			