

## CREDIT APPLICATION

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

# MASTERCARD

Check Account Choice: Only One  
 Individual Account  
 Joint Account  
 Credit Limit Increase

### APPLICANT

Last Name	First	M.I.
Social Security	Date of Birth	Home Phone
Street Address	City	State
Own <input type="checkbox"/> Rent <input type="checkbox"/> Other <input type="checkbox"/>	Monthly Payment \$	Zip Code
Previous Address	City	State
Employer	Phone	How Long (yrs)?
Position/Occupation	Self-Employed? <input type="checkbox"/> yes <input type="checkbox"/> no	Work Phone
Monthly Gross Income \$		
Source of Additional Income*	Amount Per Month	
Nearest Relative (not living with you)	Home Phone	Relationship

### CO-APPLICANT

Last Name	First	M.I.
Social Security	Date of Birth	Home Phone
Street Address	City	State
Own <input type="checkbox"/> Rent <input type="checkbox"/> Other <input type="checkbox"/>	Monthly Payment \$	Zip Code
Previous Address	City	State
Employer	Phone	How Long (yrs)?
Position/Occupation	Self-Employed? <input type="checkbox"/> yes <input type="checkbox"/> no	Work Phone
Monthly Gross Income \$		
Source of Additional Income*	Amount Per Month	
Nearest Relative (not living with you)	Home Phone	Relationship

\* You need not furnish alimony, child support, or maintenance income if you do not want us to consider it in evaluating your application.

### CREDIT INFORMATION

Bank Name and Address	Branch	Loans	<input type="checkbox"/> Open <input type="checkbox"/> Closed
Checking Account Number / Name Listed	Savings Account Number / Name Listed		

### CREDIT DISCLOSURES

Annual Percentage Rate (APR) for Purchases	14.9%	Method of Computing Balance for Purchases	Grace Period for Purchases
Annual Percentage Rate (APR) for Balance Transfers	14.9%	Average daily Balance Including New Purchases	25 Days *
Other APRs	Cash-Advance APR: 14.9%	* 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 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 or credits as posted to your account, but excluding any unpaid finance charges.	
Annual Membership Fee	\$20.00 (waived with annual purchases exceeding \$250.00)	A finance charge will be imposed on Cash Advances from the date made or from the first day of the billing cycle in which the Cash Advance is posted to your account, whichever is later, and will continue to accrue until the date of payment.	
Late Payment Fee	\$15.00		
Over the Limit Fee	\$15.00		
Cash Advance Fee	\$5.00		
Balance Transfer Fee	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 on the reverse side.

### INSURANCE PROTECTION REQUEST

**YES** Yes! Please enroll me in the optional credit protection insurance program. I have read and understood the insurance and cost disclosure as described herein.  
 I am under age 71 and I understand that my coverage will terminate at age 71.

Primary/First-named Applicant **BIRTHDAY** / / (eligible to age 71)

### 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 specifically grant this institution a consensual security interest in all individual and joint accounts I/we have now and in the future with this institution, to secure repayment of credit extensions made under this agreement. I/We understand the granting of this security interest is a condition for the issuance of any card which I/we may use, directly or indirectly, to obtain extensions of credit under this agreement. Shares and deposits in an Individual Retirement Account or any other account that would lose special tax treatment under state or federal law if given as security are not subject to the security interest I/we are granting. 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.

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

MasterCard Account No.		
DATE APPROVED	CREDIT LINE	APPROVED BY