

CREDIT APPLICATION

Check Account Choice:
(Signature required for joint applicant)

- Individual Account
 Joint Account: _____
 Credit Line Increase

Credit Limit Requested \$ _____

Check Card Choice Visa® with fee Visa® without fee Visa® Gold with fee Visa® Gold without fee

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"/>	Monthly Payment \$
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			Monthly Gross Income \$	
Name and Address of Previous Employer (if less than 2 years at present employer)						How Long (yrs)
Source of Additional Income: Income from alimony, child support or separate maintenance need not be revealed if it is not considered in determining creditworthiness						Amount per Month \$
Nearest Relative (Not Living With You)			Home Phone ()	Relationship		
Their Address		City	State	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"/>	Monthly Payment \$
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 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

Card	Visa® with fee	Visa® without fee	Visa® Gold with fee	Visa® Gold without fee
Annual Percentage Rate (APR) for Purchases	11.95% Fixed	13.95% Fixed	5.70% Variable - Rate determined by adding 2.45% to the Prime Rate*	7.70% Variable - Rate determined by adding 4.45% to the Prime Rate*
Cash Advance APR	13.95% Fixed	15.95% Fixed	7.70% Variable Rate determined by adding 4.45% to the Prime Rate*	9.70% Variable Rate determined by adding 6.45% to the Prime Rate*
Balance Transfer APR	13.95% Fixed	15.95% Fixed	7.70% Variable Rate determined by adding 4.45% to the Prime Rate*	9.70% Variable Rate determined by adding 6.45% to the Prime Rate*
Grace Period for re-payment of balances for purchases	25 Days	25 Days	25 Days	25 Days
Annual Fee	\$25.00	None	\$45.00	None
Transaction Fee for Cash Advances	1.0% of the amount advanced on foreign transactions - no transaction fee in the United States			
Currency Conversion Fee	8/10% Visa transaction fee			
Late Payment Fee	\$15.00 - If the minimum required payment is not received within 10 days after the closing date subsequent to the payment due date, a late payment fee of \$15.00 will be imposed.			

*The prime rate used to determine your APR is the rate published in the Wall Street Journal.

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.

X _____ **X** _____
 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. _____		
DATE APPROVED	CREDIT LINE	APPROVED BY