

Credit Card Application

CREDIT LIMIT REQUESTED \$ _____

IMPORTANT INSTRUCTIONS: Complete and sign "Applicant" portion to apply for credit in your name only. To apply for a joint account, you complete and sign the "Applicant" portion, and the joint applicant completes and signs the "Co-applicant" portion. Both applicant and co-applicant must belong to the Credit Union, and both assume responsibility for any charges made to the account. Availability of an individual account with an authorized user depends on the board policy.

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	HOME PHONE NO.	BIRTH DATE
	NO. OF DEPENDENTS		NO. OF DEPENDENTS
SOCIAL SECURITY NO.	DRIVERS LICENSE NO. AND STATE	SOCIAL SECURITY NO.	DRIVERS LICENSE NO. AND STATE
BUSINESS PHONE NO.	GROSS ANNUAL INCOME	BUSINESS PHONE NO.	GROSS ANNUAL INCOME
	NET MONTHLY PAY		NET MONTHLY PAY
EMPLOYER	POSITION	EMPLOYER	POSITION
BUSINESS ADDRESS	HOW LONG?	BUSINESS ADDRESS	HOW LONG?
PREVIOUS EMPLOYER	POSITION	PREVIOUS EMPLOYER	POSITION
	HOW LONG?		HOW LONG?
PREVIOUS EMPLOYER ADDRESS		PREVIOUS EMPLOYER ADDRESS	

Alimony, child support, or separate 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 in the Section likely to be reduced in the next year?
 Yes (Explain in detail on a separate sheet) No

Is any income in the Section likely to be reduced in the next year?
 Yes (Explain in detail on a separate sheet) No

OUTSTANDING DEBTS (include charge accounts, installment contracts, credit cards, rent, mortgage, etc. Use separate sheet if necessary)

MORTGAGE OR LANDLORD	PAYMENT ADDRESS	APPROX. MARKET VALUE	ORIGINAL AMOUNT	BALANCE DUE	MO. PMT. RENT
AUTOS OWNED-MAKE	YEAR	LICENSE NUMBER	FINANCED BY	\$	\$
NAME AND ADDRESS (OTHER DEBTS)		ACCOUNT NUMBER		\$	\$
				\$	\$
				\$	\$
				\$	\$
CHECKING/SHARE DRAFT ACCT. NO.	LOCATION	SAVINGS ACCOUNT NOS.	LOCATION	\$ TOTAL	

NAME OF NEAREST RELATIVE NOT LIVING WITH YOU

Are you the co-maker, endorser or guarantor on any loan or contract?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If "yes" for whom?	To whom?
Are there any unsatisfied judgments against you?	Yes <input type="checkbox"/> No <input type="checkbox"/>		Amount \$ to whom?

Other obligations (e.g., liability to pay alimony, child support, separate maintenance. Use separate sheet if necessary)

Have you ever had a car or other personal property repossessed by a dealer or a finance company, filed for bankruptcy, or been party to a wage assignment or collection suit, or have you ever been declined on a loan application to this credit union?
 Yes No If your answer to any of the questions is yes, please give details.

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 FOR 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 accompanying the Credit Card(s) and all amendments. I (we) hereby acknowledge receipt of the Credit Union Credit Card Agreement and Disclosure and Billing Rights that inform me (us) of the terms, responsibilities and rights as a Credit Union Credit Card account user.

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

Name of authorized user: _____ Signature: _____ Date: _____
 Social Security No. _____ Birth Date: _____ Address: _____

Payoff Authorization Form

I (We) request that the Credit Union make payment(s) to the payee(s) and in the amount(s) as designated below. I (We) acknowledge that this transaction will be handled as a Cash Advance on my (our) credit card account and that it will incur immediate cash advance finance charges. I (We) understand that it is my (our) responsibility to pay payee(s) according to payee's normal payment schedule and I (we) will be responsible for any late payment charges. I (We) also understand that the total payoff amount on these cards cannot exceed my (our) available line of credit.

Payee	Amount	Account Number
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

Applicant's Signature _____ Date _____ Co-Applicant's Signature _____ Date _____

FOR CREDIT UNION USE ONLY
 APPROVED REJECTED DATE _____
 CREDIT LIMIT \$ _____

LOAN OFFICER _____
 CREDIT COMMITTEE OR _____

COMMENTS/CONDITIONS _____
 CREDIT CARD ACCOUNT NO. _____