

# Consumer Credit Card Application

Referring Employee: \_\_\_\_\_

**Important Information about 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 to allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Credit Limit Requested: \_\_\_\_\_ Increase - Total Limit Requested: \_\_\_\_\_ If you intend to apply for joint credit, please initial here: Applicant \_\_\_\_\_ Co-Applicant \_\_\_\_\_

## INFORMATION ABOUT THE APPLICANT

Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address (if different than above): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Years on Job: \_\_\_\_\_ E-Mail: \_\_\_\_\_ Gross Monthly Income: \_\_\_\_\_

If less than 2 years, Previous Employer: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ Driver's License ID #: \_\_\_\_\_

DL Date Issued: \_\_\_\_\_ State Issued: \_\_\_\_\_ Expiration: \_\_\_\_\_

Are there any unsatisfied judgments against you? \_\_\_\_\_

Have you ever been declared bankrupt in the last 10 years? \_\_\_\_\_

Credit Information (excluding items on credit report) Payment \_\_\_\_\_

Rent \_\_\_\_\_

Alimony, support or maintenance payments \_\_\_\_\_

Others: \_\_\_\_\_

## INFORMATION ABOUT THE CO-APPLICANT

Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address (if different than above): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Years on Job: \_\_\_\_\_ E-Mail: \_\_\_\_\_ Gross Monthly Income: \_\_\_\_\_

If less than 2 years, Previous Employer: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ Driver's License ID #: \_\_\_\_\_

DL Date Issued: \_\_\_\_\_ State Issued: \_\_\_\_\_ Expiration: \_\_\_\_\_

Are there any unsatisfied judgments against you? \_\_\_\_\_

Have you ever been declared bankrupt in the last 10 years? \_\_\_\_\_

Credit Information (excluding items on credit report) Payment \_\_\_\_\_

Rent \_\_\_\_\_

Alimony, support or maintenance payments \_\_\_\_\_

Others: \_\_\_\_\_

## INTEREST RATE AND INTEREST CHARGES

<b>Annual Percentage Rate (APR) for Purchases</b>	<b>9.96% to 14.96%</b> based on your credit-worthiness
<b>APR for Balance Transfers</b>	<b>9.96% to 14.96%</b> based on your credit-worthiness
<b>APR for Cash Advances</b>	<b>9.96% to 14.96%</b> based on your credit-worthiness
<b>How to Avoid Paying Interest on Purchases</b>	Your due date is at least 25 days after the close of each billing cycle. You will not be charged interest on purchases and balance transfers if you pay your entire balance by the due date each month. You will be charged interest on cash advances from the transaction date.
<b>For Credit Card Tips from the Consumer Financial Protection Bureau</b>	<b>To learn more about factors to consider when applying for or using a credit card, visit the website of the Consumer Financial Protection Bureau at <a href="http://www.consumerfinance.gov/learnmore">http://www.consumerfinance.gov/learnmore</a>.</b>

## FEES

<b>Annual Fee</b>	<b>NONE!</b>
<b>TRANSACTION FEES</b>	
<b>Balance Transfer Fee</b>	<b>NONE!</b>
<b>Cash Advance Fee</b>	Lesser of <b>1.5%</b> of cash advance amount or <b>\$10.00</b> per occurrence.
<b>PENALTY FEES</b>	
<b>Late Fee</b>	<b>\$18.50</b> if the minimum payment is not satisfied within <b>10</b> days of the due date.
<b>Over-Limit Fee</b>	<b>NONE!</b>
<b>Returned Payment Fee</b>	<b>\$20.00</b>

**How Will We Calculate Your Balance** We use a method called "Average Daily Balance (including new transactions)." An explanation will be provided in your cardholder agreement.

Signature: I certify that everything I have stated in this application is correct. By signing below, I authorize you to check my credit and employment history. I understand that I must update credit information at your request if my financial condition changes.

Applicant \_\_\_\_\_ Date \_\_\_\_\_ Co-Applicant \_\_\_\_\_ 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 Number	Amount to be Transferred \$	Close the Account? (circle one)
_____	_____	YES / NO
_____	_____	YES / NO
_____	_____	YES / NO

## INTERNAL USE ONLY

Officer Approval: \_\_\_\_\_ Classic \_\_\_\_\_ Innovation \_\_\_\_\_ Harrison \_\_\_\_\_

Date Approved: \_\_\_\_\_