

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: _____ Credit Line Increase: _____ 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? _____

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Others: _____

INTEREST RATE AND INTEREST CHARGES

| | |
|---|--|
| Annual Percentage Rate (APR) for Purchases | 9.96% to 14.96% based on your credit-worthiness |
| APR for Balance Transfers | 9.96% to 14.96% based on your credit-worthiness |
| APR for Cash Advances | 9.96% to 14.96% based on your credit-worthiness |
| How to Avoid Paying Interest on Purchases | 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. |
| For Credit Card Tips from the Consumer Financial Protection Bureau | 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 http://www.consumerfinance.gov/learnmore. |

FEES

| | |
|-----------------------------|--|
| Annual Fee | NONE! |
| TRANSACTION FEES | |
| Balance Transfer Fee | NONE! |
| Cash Advance Fee | Greater of \$5 or 1.5% of cash advance amount. Maximum fee of \$200 per occurrence. |
| PENALTY FEES | |
| Late Fee | \$18.50 if the minimum payment is not satisfied within 10 days of the due date. |
| Over-Limit Fee | NONE! |
| Returned Payment Fee | \$20.00 |

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 also understand that if I am delinquent on a payment, the creditor could withdraw owed funds from my deposit account. 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: _____