

CREDIT APPLICATION

Credit Limit Requested \$ _____

VISA

Check Account Choice: Only One

- Individual Account
 Joint Account
 Credit Limit Increase

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

Attach Additional Sheet If Necessary.

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

CREDIT DISCLOSURES

Annual Percentage Rate (APR) for Purchases	13.56%	Method of Computing Balance for Purchases	Grace Period For Purchases
		Average Daily Balance Including New Purchases	25 Days*
Annual Percentage Rate (APR) for Balance Transfers	13.56%	*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 not 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. 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 on the unpaid average daily balance of such Cash Advances until the date of payment if paid during the same billing cycle, or 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. If the new balance shown on your monthly statement for the prior billing cycle is paid in full within 25 days of the closing date of that statement, no finance charges will be imposed during the current billing cycle for Cash Advances posted to your account during previous billing cycles.	
Other APR's	Cash-Advance APR: 13.56%		
Annual Membership Fee	NONE		
Late Payment Fee	\$5.00 (after 27 days late)		
Over the Limit Fee	NONE		
Cash Advance Fee	NONE		
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.

By signing the enrollment form to elect insurance, I also acknowledge that I have received the disclosures contained in the Summary of Insurance Coverages.

YES By electing optional Chargecard 2000 insurance, I acknowledge that: I do not need this insurance to get credit and I can get similar coverage from any insurer I choose. Chargecard 2000 includes credit life, disability, involuntary unemployment and leave of absence to the extent available in my state as described in the Summary Of Insurance Coverages*. I read and I meet the age and employment eligibility requirements shown in the Summary Of Insurance Coverages. Monthly premium charges are based on the account balance and the rate shown. I will receive notice of any rate increase. I may cancel anytime.

* Please see the Summary of Coverages on the reverse side of this application.

Yes, Please enroll me in Chargecard 2000 credit insurance.

X _____
 N1990-0299 Primary Cardholder Date Birth Date

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 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.

X _____ Date **X** _____ Date
 Applicant Signature Co-Applicant Signature

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
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