

	Visa®
Purchases	16.90% Fixed
	16.90% Fixed
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	None
urchases	Your due date is at least 25 days after the close of each billing cycle. We will not charge you interest on purchases if you pay your entire balance by the due date (Grace Period) each month.
	If you are charged interest, the charge will be no less than \$0.00
al Reserve Board	To learn more about factors to consider when applying for or using a credit card, visit the web site of the Federal Reserve Board at http://www.federalreserve.gov/creditcard .
	Visa®
	\$10.00
	None
	None
	None
	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 5.0% will be imposed.
	None
	None
	None

a method called "average daily balance" (including new purchases). * An explanation of this method is provided in your account agreement. Late transactions and how to exercise those rights is provided in your account agreement.

CREDIT APPLICATION

Check Account Choice:
(Signature required for joint applicant)
☐ Individual Account
☐ Joint Account
☒ Credit Line Increase

Credit Limit Requested \$ _____

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.

Last Name		First		Middle		Social Security Number	
Date of Birth	No. of Dependents	Home Phone ()	Cell Phone ()	Own ☐	Rent ☐	Other ☐	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 ☐ Yes ☐ 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)							
Source of Additional Income: Income from alimony, child support or separate maintenance need not be revealed if it is not considered in determining creditworthiness							
Nearest Relative (Not Living With You)							
Last Name		First		Middle		Social Security Number	
Date of Birth	No. of Dependents	Home Phone ()	Cell Phone ()	Own ☐	Rent ☐	Other ☐	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 ☐ Yes ☐ No	Work Phone ()			Date Employed
Address				Position/Occupation			Monthly Gross Income \$
Name and Address of Creditor		Name under Which Account is Carried		Account Number		Balance	
1. Home Mortgage/Rent							
2. Bank Credit Card/Bank Name and Address							
CREDIT INFO Attach Additional Sheets if Necessary							
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 you intend to apply for joint credit, 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 Applicant Signature _____ Date _____ Co-Applicant Signature _____ Date _____ Upon approval, I wish to transfer my present balance on the credit card account(s) listed below to my new credit card account.							
TRANSFER OF BAL REQUEST		Credit Card Account Number _____		Amount to be transferred \$ _____			
		Signature _____					
Visa Account No. _____							
FOR INTERNAL USE ONLY		Date Approved		Credit Line		Approved By	