

## VISA CREDIT CARD APPLICATION PERSONAL AND CREDIT INFORMATION

Line of credit requested \$ \_\_\_\_\_  
 I have provided a W2 or current pay stub as proof of income.  
 Applicant's Account# \_\_\_\_\_  
 Co-applicant's Account# \_\_\_\_\_

I am applying (check one)  
 1.  Separately in my own name.  
 2.  Jointly with my spouse.  
 3.  Separately with an authorized user.  
 4.  Jointly with a Co-applicant.

APPLICANT				CO-APPLICANT			
HOME ADDRESS (STREET & NO.)			HOW LONG	HOME ADDRESS (STREET & NO.)			HOW LONG
CITY, STATE, ZIP		HOME PHONE		CITY, STATE, ZIP		HOME PHONE	
DRIVER'S LICENSE# AND STATE				DRIVER'S LICENSE# AND STATE			
PREVIOUS HOME ADDRESS			HOW LONG	PREVIOUS HOME ADDRESS			HOW LONG
SOC. SEC. #	DATE OF BIRTH	ARE YOU NOW OUT OF WORK DUE TO SICKNESS OR DISABILITY	IF YES, EXPLAIN ON SEPARATE SHEET	SOC. SEC. #	DATE OF BIRTH	ARE YOU NOW OUT OF WORK DUE TO SICKNESS OR DISABILITY	IF YES, EXPLAIN ON SEPARATE SHEET
NO. OF DEPENDENTS	AGES	EMPLOYER		NO. OF DEPENDENTS	AGES	EMPLOYER	
SELF-EMPLOYED INCLUDE TWO YEARS TAX RETURN			DEPT. OR OCCUPATION	SELF-EMPLOYED INCLUDE TWO YEARS TAX RETURN			DEPT. OR OCCUPATION
WORK ADDRESS & CITY			OFFICE PHONE	WORK ADDRESS & CITY			OFFICE PHONE
GROSS SALARY	WEEKLY ANNUAL	DATE EMPLOYED		GROSS SALARY	WEEKLY ANNUAL	DATE EMPLOYED	
PROVIDE CURRENT PROOF OF INCOME				PROVIDE CURRENT PROOF OF INCOME			
PREVIOUS EMPLOYER		ADDRESS & PHONE		PREVIOUS EMPLOYER		ADDRESS & PHONE	
NAME, ADDRESS & PHONE OF NEAREST RELATIVE NOT LIVING WITH YOU.			RELATIONSHIP	NAME, ADDRESS & PHONE OF NEAREST RELATIVE NOT LIVING WITH YOU.			RELATIONSHIP
MOTHER'S MAIDEN NAME				MOTHER'S MAIDEN NAME			

### ADDITIONAL INCOME

You are not required to disclose income from alimony, child support or separate maintenance unless you want it considered in connection with this application

SOURCE	MONTHLY AMOUNT \$	SOURCE	MONTHLY AMOUNT \$
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### STATEMENT OF TOTAL INDEBTEDNESS AND LIABILITIES

(List everything - Attach additional sheets if necessary)

	TO WHOM OWED & ADDRESS	PRESENT BALANCE	MONTHLY PAYMENT		TO WHOM OWED & ADDRESS	PRESENT BALANCE	MONTHLY PAYMENT
<input type="checkbox"/> RENT <input type="checkbox"/> MORTGAGE <input type="checkbox"/> LIVE w/ RELATIVE				<input type="checkbox"/> RENT <input type="checkbox"/> MORTGAGE <input type="checkbox"/> LIVE w/ RELATIVE			
AUTO LOAN				AUTO LOAN			
OTHER CREDIT CARD				OTHER CREDIT CARD			
OTHER CREDIT CARD				OTHER CREDIT CARD			
ALIMONY OR CHILD SUPPORT				ALIMONY OR CHILD SUPPORT			
OTHER				OTHER			
OTHER				OTHER			
ARE YOU A CO-MAKER OF ANY LOANS? HOW MUCH?	<input type="checkbox"/> YES FOR WHOM? <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	MONTHLY PAYMENT	ARE YOU A CO-MAKER OF ANY LOANS? HOW MUCH?	<input type="checkbox"/> YES FOR WHOM? <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	MONTHLY PAYMENT
HAVE YOU DECLARED BANKRUPT OR FILED A PETITION FOR CHAPTER 13 IN THE LAST 10 YEARS? <input type="checkbox"/> YES ATTACH EXPLANATION <input type="checkbox"/> NO				HAVE YOU DECLARED BANKRUPT OR FILED A PETITION FOR CHAPTER 13 IN THE LAST 10 YEARS? <input type="checkbox"/> YES ATTACH EXPLANATION <input type="checkbox"/> NO			
HAVE YOU ANY OUTSTANDING JUDGEMENTS <input type="checkbox"/> YES ATTACH EXPLANATION <input type="checkbox"/> NO				HAVE YOU ANY OUTSTANDING JUDGEMENTS <input type="checkbox"/> YES ATTACH EXPLANATION <input type="checkbox"/> NO			

### SIGNATURES

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. I (We) understand that if this application is approved, and a VISA card(s) issued the undersigned applicant(s) by signing, using or permitting another to use the VISA card(s) agree(s) that the applicant(s) will be bound by the terms, conditions, and all the amendments of the attached agreement.

APPLICANT SIGNATURE X \_\_\_\_\_ DATE \_\_\_\_\_ CO-APPLICANT SIGNATURE X \_\_\_\_\_ DATE \_\_\_\_\_

<input type="checkbox"/> Line of credit requested \$ _____ <input type="checkbox"/> Increase in credit limit	FOR OFFICE USE ONLY <input type="checkbox"/> APPROVED CREDIT LIMIT \$ _____ Credit Committee or Loan Officer	<input type="checkbox"/> REJECTED DATE _____ VISA Acct.#
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Annual percentage rate	Variable rate information	Grace period for repayment of the balance for balances	Method of computing the balance for purchases	Annual fee	Minimum finance charge	Transaction fee for purchases
<b>Purchases - 11.9%</b> <b>Cash Advances - 13.5%</b>	N/A	25 Days	Average daily balance, including new purchases	None	None	None

Cash advances - 13.5% Transaction fee for purchase: None Late payment fee: \$20

Certain information is not applicable to this credit card plan. The information about the cost of the card in this solicitation/application is accurate as of 11/1/15

The information may have changed after that date. To find out what may have changed, call us at (914) 939-4870.