



APPLICATION FOR ALL CREDIT

LOAN AMOUNT REQUESTED \$	TO BE REPAYED IN (estimated) MONTHS	REQUESTED PERIODIC PAYMENT \$	PURPOSE OF LOAN AND COLLATERAL OFFERED	<input type="checkbox"/> OPEN END <input type="checkbox"/> CLOSED END <input type="checkbox"/> CREDIT CARD
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THIS APPLICATION IS FOR (Check one of the boxes below): **NOTICE: MARRIED APPLICANTS MAY APPLY FOR INDIVIDUAL CREDIT**

AN INDIVIDUAL ACCOUNT
 A JOINT LOAN/ACCOUNT WITH MY SPOUSE
 A JOINT LOAN/ACCOUNT WITH A CO-APPLICANT
MUST SIGN BELOW

I intend to apply for joint credit. Applicant Signature X _____ Co-Applicant Signature X _____
 Complete applicant section. Complete spouse/co-applicant section if (1) this is to be a joint account with my spouse, (2) my spouse will use this account, (3) I live in a community property state (Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, Wisconsin or Puerto Rico), or (4) I am relying on my spouse's income in applying for this account. This section must also be completed about my co-applicant if this is for a joint account with someone other than my spouse.

APPLICANT SECTION SPOUSE OTHER APPLICANT SECTION GUARANTOR

Name	Member Number	Spouse/Other Applicant's Name	Member Number
Street Address		Street Address	
City, State, Zip	How Long Yrs. Mos.	City, State, Zip	How Long Yrs. Mos.
Social Security Number	Date of Birth	Social Security Number	Date of Birth
My Home Phone No. ()	My Work No. ()	My Home Phone No. ()	My Work No. ()
Street Address (Previous Address)		Street Address (Previous Address)	
City, State, Zip	How Long Yrs. Mos.	City, State, Zip	How Long Yrs. Mos.
Employer (If Part Time, # of Hrs. Wkly _____)		Employer (If Part Time, # of Hrs. Wkly _____)	
Employer's Address (City & State)		Employer's Address (City & State)	
Date Employed		Date Employed	
Job Title	Supervisor's Name & Phone No.	Job Title	Supervisor's Name & Phone No.
Applicant's Salary <input type="checkbox"/> Weekly Gross \$ _____ <input type="checkbox"/> Monthly	Additional Income & Source \$ _____	Other Applicant's Salary <input type="checkbox"/> Weekly Gross \$ _____ <input type="checkbox"/> Monthly	Additional Income & Source \$ _____
Former Employer	Dates Employed From: To:	Former Employer	Dates Employed From: To:
Nearest Relative's Name (not living with me)	Phone No. ()	Nearest Relative's Name (not living with me)	Phone No. ()
Relative's Address & their relationship to me (father, mother, etc.) _____		Relative's Address & their relationship to me (father, mother, etc.) _____	
Personal Reference	Phone No. ()	Personal Reference	Phone No. ()
Address		Address	

Alimony, child support, or separate maintenance need not be revealed if I do not wish to have it considered as a basis for repaying obligations under this contract.

PROOF OF INCOME IS REQUIRED (pay stub, income tax form 1040 or W-2)

FINANCIAL OBLIGATIONS OF BOTH APPLICANT AND CO-APPLICANT—PLEASE INCLUDE ALL OBLIGATIONS - USE SEPARATE SHEET IF NECESSARY

Residence: I live in a ___ house, ___ apartment, ___ condo or ___ mobile home. (Please check one)	Balance	Monthly Payment	Interest Rate
I ___ Own, ___ Rent, ___ or Live with relatives.			
Vehicle #1 Yr. Make: Model: Financed With:			
Vehicle #2 Yr. Make: Model: Financed With:			
List all obligations including Credit Cards (if there is not sufficient space, attach a separate sheet)			
Alimony/Child Support (Check one, if applicable)			
<input type="checkbox"/> Court Ordered <input type="checkbox"/> Written Agreement <input type="checkbox"/> Oral Understanding			

I AUTHORIZE THE USE OF ALL ELECTRONIC SIGNATURES, FACSIMILE SIGNATURES AND PHOTOCOPIED SIGNATURES FOR ALL PURPOSES, SAID SIGNATURES TO HAVE THE SAME FORCE AND EFFECT AS ORIGINAL SIGNATURES FOR ALL TRANSACTIONS, INCLUDED IN APPLICATIONS OR AGREEMENTS WITH YOU. I grant permission to you to garnish head of family earnings, if collection proceedings are brought against me.
 If you reasonably determine any stock pledged as collateral under any stock secured loan has become insufficient to fully secure my obligations under this Note by reason of a decline in the market value thereof, I must either (i) pledge additional stock in an amount you deem sufficient to fully secure my outstanding Sub-Account balance, or (ii) reduce my outstanding Sub-Account balance (by prepayment) so that the stock previously pledged is sufficient to fully secure my outstanding loan balance.
 It is the Credit Union's policy to not discriminate against any applicant with respect to race, color, religion, national origin, sex, marital status, age, the receipt of public assistance, part time income, or exercising rights under any consumer protection credit act. In addition, it is our policy not to discriminate based on familial status or a handicap in the extension of credit for housing. It is the Credit Union's intent to comply with all consumer credit protection statutes and regulations.
I AGREE THAT EVERYTHING STATED IN THIS APPLICATION WHETHER ORAL, WRITTEN, OR THROUGH A FAX MACHINE IS CORRECT TO THE BEST OF MY KNOWLEDGE. THE CREDIT UNION IS AUTHORIZED TO INVESTIGATE MY CREDIT-WORTHINESS, EMPLOYMENT HISTORY, AND TO OBTAIN A CREDIT REPORT AND TO ANSWER QUESTIONS ABOUT THEIR CREDIT EXPERIENCE WITH ME. I UNDERSTAND THAT ANY FALSE OR MISLEADING STATEMENTS IN MY APPLICATION MAY CAUSE ANY LOAN OR EXTENSION TO BE IN DEFAULT. I UNDERSTAND THAT 18 U.S.C. §1014 MAKES IT A FEDERAL CRIME TO KNOWINGLY MAKE ANY FALSE STATEMENT ON THIS APPLICATION.

The USA Patriot Act requires that you verify the identity of all account holders. You may ask me or my co-applicant to show proof of our identity.

Applicant Signature _____ Date _____

Other Applicant Signature _____ Date _____

CREDIT CARD REQUEST	
ANNUAL PERCENTAGE RATE For Purchases	9.9% to 10.9% When you open your account based on creditworthiness
ANNUAL PERCENTAGE RATE For Balance Transfers	9.9% to 10.9% When you open your account based on creditworthiness
ANNUAL PERCENTAGE RATE For Cash Advances	9.9% to 10.9% When you open your account based on creditworthiness
How To Avoid Paying Interest on Payments	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 each month.
For Credit Card Tips From The Federal Reserve Board	To learn more about factors to consider when applying for or using a credit card, visit the website of the Federal Reserve Board at: http://www.federalreserve.gov/creditcard .
Set-up And Maintenance Fees Annual Fees Lost Card Replacement	None \$10.00
Transaction Fees	None
Penalty Fees Late Payment	\$20.00

How We Will Calculate Your Balance: We use a method called "Average Daily Balance (including new purchases)". See your account agreement for more details.
Billing Rights: Information on your rights to dispute transactions and how to exercise those rights is provided in your Account agreement.

I/we request that a credit card(s) be issued on my/our account and agree that I/we will be bound by the terms and conditions of the card as defined in the Credit Card Agreement accompanying the credit card(s) and all the amendments when I/we use the card(s).

Signature of Applicant/Borrower _____ Date _____ Signature of Spouse/Co-applicant (if applicable) _____ Date _____

READ THIS FORM—COMPLETE ENTIRELY—SIGN BY ALL THE X'S ON ABOVE—RETURN TO CREDIT UNION