

# APPLICATION INFORMATION

Credit Union Account #

Name

Address

City

State

Zip

Home Phone

Business Phone

Social Security Number

Date Of Birth

Employer or Source of Retirement Income

How Long

Mos.

Yrs.

Gross Monthly Income

Residence (check one)

Rent

Own

Monthly Rent or House Payment

# CO-APPLICANT'S INFORMATION

Name\*

Home Phone

Business Phone

Social Security Number

Date Of Birth

Employer

Gross Monthly Income

Please indicate the limit you are applying for:

1. (VISA Gold \$5,000-\$30,000) \$ \_\_\_\_\_

2. (VISA Classic \$500-\$30,000) \$ \_\_\_\_\_

\*You are not required to disclose income from alimony, child support or separate maintenance; but if you want this income considered in conjunction with this application, complete this section.

The terms of the credit you have applied for will be set in whole or in part based upon information from a consumer report. We obtain this information from Trans Union. You may obtain a copy of your credit report without charge from Trans Union Consumer Relations by calling (800) 888-4213.

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 credit card 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. **I/We agree that all advances made under this plan will be secured by the shares and deposits in all individual and joint accounts held with the Credit Union now and in the future, except any balance in an Individual Retirement Account.** I/We authorize the Credit Union to obtain a credit report in connection with this application for credit and agree to comply with the terms and conditions of open-end credit agreement which I/we have signed or may be required to sign and keep on file at the Credit Union. I/We agree that photocopies and/or thermofax copies of the documents I have signed are as valid and enforceable as the originals. Loan applicants must maintain a \$100 savings balance at all times.

We intend to apply for joint credit

\_\_\_\_\_  
APPLICANT

\_\_\_\_\_  
CO-APPLICANT

# APPLICANT'S SIGNATURE

Signature

Date

X \_\_\_\_\_ / /

# CO-APPLICANT'S SIGNATURE

Signature

Date

X \_\_\_\_\_ / /

# TRANSFER OF BALANCE REQUEST

Transfer balances from your existing credit cards to your new low-rate credit card by enclosing your last statement and signing below.

Yes, I wish to transfer the balance of the following account(s) to my new TBA Credit Union VISA:

No, I do not wish to transfer any balances at this time.

Credit Card

Acct. #

Approx. Balance \$

Credit Card

Acct. #

Approx. Balance \$

Signature

Date

X \_\_\_\_\_ / /

**For Balance Transfer: Please enclose your last credit card statement for timely payoff.**

**\*See brochure for additional disclosures.**