

CREDIT APPLICATION

Check Card Choice: Visa Visa Gold (signature required for joint applicant) Check Account Choice: Individual Account Joint Account Credit Limit 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 law requires all financial institutions to obtain, verify and record information that identifies each person who opens an Account. What this means for 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.

APPLICANT Note: All applicable sections should be filled out completely to avoid delay in processing your application.

Last Name		First	Middle	Social Security Number
Date of Birth	No. of Dependents	Home Phone	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other	Monthly Payment \$
Current Address		City	State	Zip Code
Mailing address (if different from above)		City	State	Zip Code
Previous Address (if less than 2 years at present address)		City	State	Zip Code
Employer	<input type="checkbox"/> Self Employed <input type="checkbox"/> Yes <input type="checkbox"/> 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)				How Long (yrs)
Source of Additional Income: income from alimony, child support or separate maintenance need not be revealed if it is not to be considered in determining credit worthiness.				Amount per Month \$
Nearest Relative (Not Living With You)		Home Phone		Relationship
Their Address		City	State	Zip Code

CO-APPLICANT Information about a co-applicant is not required for an individual account.

Last Name		First	Middle	Social Security Number
Date of Birth	No. of Dependents	Home Phone	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other	Monthly Payment \$
Current Address		City	State	Zip Code
Previous address (if less than 2 years at present address)		City	State	Zip Code
Employer	<input type="checkbox"/> Self Employed <input type="checkbox"/> Yes <input type="checkbox"/> No		Work Phone	Date Employed
Address		Position/Occupation		Monthly Gross Income \$
Source of Additional Income: income from alimony, child support or separate maintenance need not be revealed if it is not to be considered in determining credit worthiness.				Amount per Month \$

CREDIT INFORMATION Attach Additional Sheet If Necessary

Name and Address of Creditor	Name Under Which Account is Carried	Account Number	Balance	Monthly Payment
1. Home Mortgage/Rent			\$	\$
2. Bank Credit Card / Bank Name and Address			\$	\$

CREDIT DISCLOSURES

Annual Percentage Rate (APR) for Purchases	14.88%
Other APR's	Cash Advance APR: 14.88% / Balance Transfer APR: 14.88%
Grace Period for repayment of balances for purchases	25 Days*
Method of computing the balance for purchases	Average Daily Balance (including new purchases)
Annual fee (waived with three other account relationships).	Visa: \$12.00 Visa Gold: \$28.00
Minimum Finance Charge	\$1.00
Transaction Fee for Cash Advances	3% of the amount advanced; (\$5.00 Minimum, No Maximum)
Balance Transfer Fee	None
Late Payment Fee	5% of the Balance; (\$6.24 Minimum, No Maximum)
Return Payment Fee	\$25.00
Over-the-Credit-Limit Fee	\$25.00
International Transaction Fee	1%

* 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 and credits as posted to your account, but excluding any unpaid Finance Charges. A Finance Charge will be assessed on cash advances from the date of the cash advance, or the first day of the billing cycle in which the cash advance is posted, whichever is later, and will continue to accrue until payment in full is posted. Cash Advances will be calculated in the same manner as explained for Credit Purchases. 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.

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 bank 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.

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

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 _____

EQUAL CREDIT OPPORTUNITY ACT: The Equal Credit Opportunity Act prohibits creditors from discriminating against applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act.