

Interest Rates and Interest Charges	Visa®
Annual Percentage Rate (APR) for Purchases	<b>14.88%</b> Fixed
APR for Balance Transfers	<b>14.88%</b> Fixed
APR for Cash Advances	<b>14.88%</b> Fixed
Penalty APR and When it Applies	N/A
Paying Interest	Your due date is at least <b>25</b> days after the close of each billing cycle. We will not charge you interest on retail purchases and/or balance transfers if you pay your entire balance by the due date. We will begin charging interest on cash advances on the transaction date.
Minimum Interest Charge	If you are charged interest, the charge will be no less than <b>\$1.00</b>
For Credit Card Tips from the Consumer Financial Protection Bureau	To learn more about factors to consider when applying for or using a credit card, visit the web site of the Consumer Financial Protection Bureau at <a href="http://www.consumerfinance.gov/learnmore">http://www.consumerfinance.gov/learnmore</a> .
Fees	Visa®
Annual Fee	None
<b>Transaction Fees</b> <ul style="list-style-type: none"> <li>• Balance Transfer</li> <li>• Cash Advances</li> <li>• Foreign Transaction</li> </ul>	N/A  Up to <b>\$5.00</b> or <b>3.0%</b> of the amount advanced (whichever is greater)  Up to <b>1.0%</b> of U.S. Dollars
<b>Penalty Fees</b> <ul style="list-style-type: none"> <li>• Late Payment</li> <li>• Over-the-Credit-Limit</li> <li>• Returned Payment</li> </ul>	Up to <b>\$35.00</b> (You may have to pay a late fee up to <b>\$35.00</b> )  Up to <b>\$25.00</b>  Up to <b>\$25.00</b>
<b>Other Fees</b> <ul style="list-style-type: none"> <li>• Card Replacement</li> </ul>	For each additional plastic issued the Fee shall be <b>\$5</b> for regular mail and <b>\$50</b> for Express Mail.

**How We Will Calculate Your Balance:** We use a method called "average daily balance" (excluding new purchases). \* An explanation of this method is provided in your account agreement.  
**Billing Rights:** Information on your rights to dispute transactions and how to exercise those rights is provided in your account agreement.

# CREDIT APPLICATION

**Check Account Choice:**  
 (Signature required for joint applicant)  
**Visa®**

- Individual Account
- Joint Account
- We intend to apply for joint credit
- Applicant Initials \_\_\_\_\_ Co-Applicant Initials \_\_\_\_\_
- 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.

<b>APPLICANT</b> 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 ( )		Cell Phone ( )		Own <input type="checkbox"/>	Rent <input type="checkbox"/>	Other <input type="checkbox"/>	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 <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 considered in determining creditworthiness								Amount per Month \$	
	Nearest Relative (Not Living With You)					Home Phone ( )		Relationship		

<b>CO-APPLICANT</b> Intended for joint applicant, this information is not required for an individual account.	Last Name		First		Middle	Social Security Number				
	Date of Birth	No. of Dependents	Home Phone ( )		Cell Phone ( )		Own <input type="checkbox"/>	Rent <input type="checkbox"/>	Other <input type="checkbox"/>	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 <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)	

<b>CREDIT INFO</b> Attach Additional Sheets 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						

**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 \_\_\_\_\_ X \_\_\_\_\_  
 Applicant Signature Date Co-Applicant Signature Date

<b>FOR TRANSFER OF BALANCE REQUEST INTERNAL USE ONLY</b>	Upon approval, I wish to transfer my present balance on the credit card account(s) listed below to my new credit card account.		
	<input type="checkbox"/> Credit Card Account Number _____	Amount to be transferred \$ _____	
	Signature _____		
	Visa Account No.	Date Approved	Credit Line