

Credit Card Application

CREDIT LIMIT REQUESTED \$ _____

IMPORTANT INSTRUCTIONS: Complete and sign "Applicant" portion to apply for credit in your name only. To apply for a joint account, you complete and sign the "Applicant" portion, and the joint applicant completes and signs the "Co-Applicant" portion. Both applicant and co-applicant must belong to the First Choice Federal Credit Union, and both assume responsibility for any charges made to the account. Availability of an individual account with an authorized user depends on the board policy.

FOR CREDIT UNION USE ONLY

APPROVED

REJECTED

DATE

CREDIT LIMIT \$

LOAN OFFICER

CREDIT COMMITTEE OR

CREDIT CARD ACCOUNT NO.

COMMENTS/CONDITIONS

APPLICANT NAME (LAST, FIRST, MIDDLE)			CO-APPLICANT NAME (LAST, FIRST, MIDDLE)		
HOME ADDRESS (STREET & NO.)		HOW LONG?	HOME ADDRESS (STREET & NO.)		HOW LONG?
CITY, STATE, ZIP			CITY, STATE, ZIP		
PREVIOUS HOME ADDRESS		HOW LONG?	PREVIOUS HOME ADDRESS		HOW LONG?
HOME PHONE	BIRTHDATE	NO. DEPENDENTS AND AGES	HOME PHONE	BIRTHDATE	NO. DEPENDENTS AND AGES
SOCIAL SECURITY NO.		DRIVER'S LICENSE NO. & STATE	SOCIAL SECURITY NO.		DRIVER'S LICENSE NO. & STATE
BUSINESS PHONE NO.	GROSS ANNUAL INCOME \$	NET MONTHLY PAY \$	BUSINESS PHONE NO.	GROSS ANNUAL INCOME \$	NET MONTHLY PAY \$
EMPLOYER & POSITION		HOW LONG?	EMPLOYER & POSITION		HOW LONG?
BUSINESS ADDRESS			BUSINESS ADDRESS		
PREVIOUS EMPLOYER AND POSITION		HOW LONG?	PREVIOUS EMPLOYER AND POSITION		HOW LONG?
PREVIOUS EMPLOYER'S ADDRESS			PREVIOUS EMPLOYER'S ADDRESS		

Alimony, child support, or separate income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.

Alimony, child support, separate maintenance received under <input type="checkbox"/> court order <input type="checkbox"/> written agreement <input type="checkbox"/> oral understanding Other Income \$ _____ per _____ Source(s) of Other Income _____ Is any income in the section likely to be reduced in the next year? <input type="checkbox"/> Yes (Please explain on a separate sheet.) <input type="checkbox"/> No	Alimony, child support, separate maintenance received under <input type="checkbox"/> court order <input type="checkbox"/> written agreement <input type="checkbox"/> oral understanding Other Income \$ _____ per _____ Source(s) of Other Income _____ Is any income in the section likely to be reduced in the next year? <input type="checkbox"/> Yes (Please explain on a separate sheet.) <input type="checkbox"/> No
--	--

OUTSTANDING DEBTS (Include charge accounts, installment contracts, credit cards, rent, mortgage, etc. Use a separate sheet if necessary.)

MORTGAGEE OR LANDLORD	PAYMENT ADDRESS	APPROX. MARKET VALUE	ORIGINAL AMOUNT \$	BALANCE DUE \$	MONTHLY PAYMENT \$
AUTOS OWNED: MAKE	YEAR	LICENSE NO.	FINANCED BY		
NAME & ADDRESS OF OTHER DEBTS			ACCOUNT NO.		

CHECKING/SHARE DRAFT ACCT. NO.	LOCATION	SAVINGS ACCT. NO.	LOCATION	TOTAL \$
NAME OF NEAREST RELATIVE NOT LIVING WITH YOU		ADDRESS (CITY, STATE, ZIP)		RELATIONSHIP

Are you a co-maker, endorser, or guarantor on any loan contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", for whom?	To whom?
Are there any unsatisfied judgments against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", Amount \$	To whom?

Other Obligations (i.e. liability to pay alimony, child support, separate maintenance. Use a separate sheet if necessary.)

Have you ever had a car or other personally property repossessed by a dealer or finance company, filed for bankruptcy, or been party to a wage assignment or collection suit, or have you ever been declined on a loan application to this credit union? Yes No If "Yes", please give details.

COMPLETE THE FOLLOWING ONLY IF YOU RESIDE IN A COMMUNITY PROPERTY STATE (ARIZONA, CALIFORNIA, IDAHO, LOUISIANA, NEVADA, NEW MEXICO, TEXAS, WASHINGTON, OR WISCONSIN), OR IF ANOTHER PERSON WILL BE JOINTLY LIABLE FOR THE ACCOUNT. Married Separated Unmarried

This statement is submitted to obtain credit, and I (we) certify that all information herein is true and complete. I (We) also authorize First Choice Federal Credit Union to verify or obtain further information the credit union may deem necessary concerning my (our) credit standing. If this application is approved and a credit card issued, the undersigned applicant(s) by signing, using, or permitting another to use the credit card(s) agree(s) that the applicant(s) will be bound by the terms and conditions accompanying the credit card(s) and all amendments. **I (WE) hereby acknowledge receipt of the First Choice Federal Credit Union Credit Card Agreement and Disclosure and Billing Rights that inform me (us) of the terms, responsibilities and rights as a credit union credit card account user.**

APPLICANT'S SIGNATURE	DATE	CO-APPLICANT'S SIGNATURE	DATE
-----------------------	------	--------------------------	------

Name of authorized user _____ Signature _____ Date _____
 Social Security No. _____ Birth Date _____ Address _____