

CREDIT APPLICATION

Check Account Choice:
(Signature required for joint applicant)

- Individual Account
 Joint Account
 Credit Line Increase

Credit Limit Requested \$ _____

Check Card Choice Visa® Visa® Gold MasterCard®

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.

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 ()	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	

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 ()	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)	

CREDIT INFO 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									

CHARGE GARD INSURANCE PROTECTION REQUEST MD & VA residents: Please contact this institution to obtain the insurance application applicable to your state.

By electing optional Chargegard insurance, I acknowledge that Chargegard includes credit life, disability, involuntary unemployment, and leave of absence to the extent available in my state as described in the Summary of Insurance. I read and I meet the age eligibility requirements shown in the Summary of Insurance*. Monthly premium charges are based on the account balance and the rate shown, I may cancel anytime. *Please see the Summary of Insurance on the back

Yes, please enroll me in Chargegard Credit Insurance

X _____
 Signature Date Date N1991-0299 NonStd ID#19

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 this is a joint application, 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

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 _____

FOR INTERNAL USE ONLY

Date Approved			Credit Line			Approved By		
Date Approved			Credit Line			Approved By		

