Platinum Visa® Rewards Card Application

Credit Limit Requested $ _____

Member # _____

Check Account Choice:
(Signature required for joint applicant)

❑ Individual Account
❑ Joint Account:_____
❑ Credit Line Increase

Platinum Visa® Rewards

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 ( )	Own ❑	Rent ❑	Other ❑	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 ❑ Yes ❑ 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
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 ( )	Own ❑	Rent ❑	Other ❑	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 ❑ Yes ❑ No	Work Phone ( )			Date Employed
Address		Position/Occupation				Monthly Gross Income $

CREDIT INFORMATION

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				

CREDIT DISCLOSURES

Annual Percentage Rate (APR) for Purchases	**11.90%**
Cash Advance APR	11.90%
Balance Transfer APR	11.90%
Grace Period for re-payment of balances for purchases	25 Days
Minimum Finance Charge	$0.50
Late Payment Fee	If the minimum required payment is not received within 5 days after the closing date subsequent to the payment due date, a late payment fee of $25.00 will be imposed.

KY, OH, MI, TN Fees Disclosed and Calculated as Finance Charge.

RETURN PAYMENT FEE

Return Fee of $25.00 will be charged for any returned checks

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 _____ _____
Applicant Signature Date

X _____ _____
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

Visa Account No.		
DATE APPROVED	CREDIT LINE	APPROVED BY

All contents are accurate at the time of printing, but subject to change.