

Credit Disclosure

	Variable Rate	Fixed Rate
Annual Percentage Rate (APR) For Purchases	as low as Prime + 3.00%*	as low as 10.00%*
Other APRs	Cash Advance APR: same as purchase APR Balance Transfer APR: same as purchase APR	Cash Advance APR: same as purchase APR Balance Transfer APR: same as purchase APR
Variable Rate Information	Your APR may vary. The rate is determined by your credit score and is based upon prime rate, as published in the Wall Street Journal on the last day of each calendar month, plus a margin.	N/A
Grace Period for repayment of balances for purchases	25 Days	25 Days
Method of computing the balance for purchases	Average Daily Balance	Average Daily Balance
Annual Fees	None	None
Minimum Finance Charge: None Transaction Fee for Cash Advance: None Balance Transfer Fee: None Late Payment Fee: \$20.00 Over The Credit Limit Fee: \$25.00		

* Based on credit score. Information about the costs of this card is accurate as of 4/1/2007. To find out if there have been any changes, please contact us at (888) 213-2848.

VISA Application



Type of Visa: Variable Rate Fixed Rate Fixed Gold Variable Gold Unsure Limit requested: _____

Personal Information

Acct. #	Social Security #:	Driver's license #:
Primary applicant:	Date of birth:	
Home address:		
Length of time at residence:	Own or rent?:	Monthly housing payment:
Home telephone number:	E-mail address:	
Employer:	Work phone number:	
Hourly rate/annual salary:	Length of time at employer:	
Source of additional income, if applicable**:	Do you receive this weekly/monthly?:	
Name of nearest relative not living with you:		
Address:	City/state/zip:	

Co-applicant Information (must be living at same address as primary applicant)

Social Security #:	Driver's license #:
Co-applicant:	Date of birth:
Employer:	Work phone number:
Hourly rate/annual salary:	Length of time at employer:
Source of additional income, if applicable**:	Do you receive this weekly/monthly?:

This information will allow a Member Service Specialist to begin your application. We may need additional information and will contact you as necessary.

**Notice: Alimony, child support or separate maintenance income need not be revealed if you do not choose to have it considered.

NOTICE: Married applicants may apply for a separate account. Check the box indicating the type of credit for which you are applying:

- Individual Credit:** 1) Complete applicant sections if you are relying on your own income and assets to establish credit. 2) Complete spouse/co-applicant sections providing information about your spouse or former spouse if you reside in a community property state. (AZ, CA, ID, LA, NM, NV, WI, TX, WA) or if you are relying on alimony, child support or separate maintenance payments to establish credit.
- Joint Credit:** Complete applicant and spouse/co-applicant sections providing information about you and the other party.

Payment Protection Application for group credit insurance

I/We am/are applying for the credit insurance coverage(s) selected below and agree to pay the required premium. I/We understand that fees may be paid by the insurer in connection with this coverage to the sponsor of this plan and/or its affiliates or designates. I/We understand that the purchase of this insurance is voluntary and not required in order to obtain credit, and that I/we may terminate it at any time. I/We also agree that 1.) I/We are eligible for life if I/we are presently under age 71 and my loan is repayable within the maximum loan repayment period. 2.) If joint life insurance is selected, we are eligible if the older applicant is presently under age 71 and our loan is repayable within the maximum loan repayment period. We must be jointly and individually liable under the loan. Guarantors are not eligible for insurance. 3.) I am eligible for disability insurance if I am presently under age 66 and my loan is repayable under the maximum loan repayment period. I also must be presently working for 30 hours or more immediately prior to this date. The effective date of my/our insurance will be the date the eligible loan is disbursed or, for an open-end loan account, the date the account is established and I/we agree to pay the required insurance charge.

Coverage Requested:	Single Life <input type="checkbox"/> Yes <input type="checkbox"/> No	Joint Life <input type="checkbox"/> Yes <input type="checkbox"/> No	Credit Disability <input type="checkbox"/> Yes <input type="checkbox"/> No
Applicant's Signature:			Date:
Applicant's Signature:			Date:

I/We am/are not a co-maker for another person's obligation except as shown on attached page. I/We verify that all statements are true and complete and are made for the purpose of obtaining a VISA line of credit. I/We understand that to knowingly make false statements is a federal crime punishable by fine, imprisonment, or both. I/We agree that this application shall remain your property whether or not the loan is granted. I/We understand that a VISA card may not be used as payment for any illegal purchase.

Applicant's signature _____ Date _____

Co-applicant's signature*** _____ Date _____

***Co-applicant: By signing above, you acknowledge your intent to apply for joint credit.