



Visa® Credit Card Application

Based upon my/our credit rating, I/we understand a Visa Platinum, Gold or Classic Card will be issued upon acceptance of this application.

APPLICANT

For individual account complete all Applicant areas.

JOINT APPLICANT

For joint account complete both Applicant and Joint areas.

| General Information | | Member Number | |
|---|---|---|---------------------|
| First Name | MI | Last Name | |
| Current Street Address | | | |
| City | State | Zip | Yrs at this address |
| Previous Street Address | | | |
| City | State | Zip | Yrs at this address |
| Social Security No. | | Home Phone | Work Phone |
| Birth Date | Drivers License No. | | State Issued |
| <input type="checkbox"/> Renting <input type="checkbox"/> Live with Relatives | <input type="checkbox"/> Buying a Home <input type="checkbox"/> Own Home | <input type="checkbox"/> Monthly Payment <input type="checkbox"/> \$ | |
| Income | | | |
| Current Employer | | | |
| Street Address | | | |
| Annual Gross Income | Starting Date | Position | |
| Other Income - Do not include child support or alimony unless you want it considered for credit purposes. | | | |
| Source | | Monthly Income | |
| References | | | |
| Name of Relative not living with you | | Relationship | |
| Address | | Phone Number | |
| Debts List all existing debts -Attach other sheets if necessary. | | | |
| Name of Creditor | Balance | Payment Amount | |
| | \$ | \$ | |
| | \$ | \$ | |
| | \$ | \$ | |
| | \$ | \$ | |

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| | \$ | \$ | |
| | \$ | \$ | |
| | \$ | \$ | |
| | \$ | \$ | |

Optional Credit Insurance - Check one box below:

Credit Life and/or Disability Insurance is not required to obtain credit on your VISA account and will be included only if requested immediately by the APPLICANT. The insurance rates are shown below. Each month, the insurance charge is calculated by multiplying the new balance, as shown on your current statement, times the rate shown below. You must be under age of 65, and, in addition for Credit Disability Insurance, you must be in active full-time work for wages or profit and physically present at work for at least 30 hours for each of two consecutive weeks prior to each charge or cash advance in order for the insurance to take effect for that charge or cash advance. Joint Life coverage covers your spouse.

"I have applied for Credit Insurance. I authorize the Credit Union to add the required premiums to my account, charge me a finance charge on the premiums at the rate which applies to my account; and forward the premium collected from me to the Insurance Company. This insurance product is not insured by the government or the NCUA and is not guaranteed by Point Breeze Credit Union."

| | | | |
|--|---|---|---|
| Single Coverage Group Credit Life Insurance Premium Rate \$0.31 Per Month Per \$1000 | Joint Coverage Group Credit Life Insurance Premium Rate \$0.56 Per Month Per \$1000 | Single Coverage Group Credit Disability Insurance Premium Rate \$0.99 Per Month Per \$1000 | Please Check One & Sign <input type="checkbox"/> None <input type="checkbox"/> Disability Only <input type="checkbox"/> Single Life Only <input type="checkbox"/> Disability & Single Life <input type="checkbox"/> Disability & Joint Life <input type="checkbox"/> Joint Life Only |
| <input type="checkbox"/> Applicant's Signature <input type="checkbox"/> Date | | <input type="checkbox"/> Co-Applicant's Signature <input type="checkbox"/> Date | |

This statement is submitted to obtain credit and I/we certify that all information herein is true and complete. I/we authorize the Credit Union to verify or obtain any further information which the Credit Union may deem necessary. If this application is submitted by more than one person, and the Credit Union opens a VISA account based thereon, it is agreed that both of the undersigned shall be joint and severally liable for any credit extended on such account. By signing this application or by use of the card, I/we hereby accept and agree to be bound by all the terms and conditions of the VISA cardholder agreement and disclosure which are incorporated herein by reference, and a copy of which will be provided upon approval of my application. Based upon my/our credit rating, I/we understand a VISA Platinum, Gold or Classic Card will be issued upon acceptance of this application

Please Sign Application

(seal)

(seal)

| | |
|---|---|
| Applicants Signature Date | Co-Applicant's Signature Date |
|---|---|



**Print & Mail application with a copy of your current pay stub to:
Point Breeze Credit Union, 2 Philadelphia Ct., Baltimore, MD 21237**

Truth In Lending Disclosure

| | |
|---|--|
| Annual Percentage Rate (APR) for Purchases | Visa Platinum 9.95%* Visa Gold 11.95%* Visa Classic 13.95% to 19.95% |
| Other APRs for Balance Transfers and Cash Advances | Visa Platinum 9.95%* Visa Gold 11.95%* Visa Classic 13.95% to 19.95%* |
| Variable Rate | None |
| Grace Period for Repayment of Balance for Purchases | 25 Days from the statement Closing Date (provided you fully paid your New Balance Total from the previous statement by its Payment Due Date) |
| Method of Computing the Balance for Purchases | Average Daily Balance Method (including new purchases) |
| Annual Fee | None |
| Minimum Finance Charge | None |
| Cash Advance Fee | None |
| Balance Transfer Fee | None |
| Late Fee | \$10.00 or 20% of the interest due, whichever is greater |
| Over the Credit Limit Fee | None |
| Return Check Fee | \$10.00 |

*The rate stated above available on approved credit. Rate may be different as determined by the individual creditworthiness of each applicant. Not all applicants will qualify for the lowest rate.