

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** Visa® Platinum*

* A MINIMUM ANNUAL INCOME OF \$75,000.00 FOR THE VISA PLATINUM IS REQUIRED
 ** A MINIMUM ANNUAL INCOME OF \$35,000.00 FOR THE VISA GOLD IS REQUIRED.
 IF THE MINIMUMS FOR VISA PLATINUM AND VISA GOLD ARE NOT MET, A VISA CLASSIC WILL BE ISSUED UPON APPROVAL.

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	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"/>	
	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	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"/>	
	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 \$				
CREDIT INFO	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								
SIGNATURES	<p>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.</p>								
	X _____ Applicant Signature Date				X _____ Co-Applicant Signature Date				
TRANSFER OF BAL REQUEST	Upon approval, I wish to transfer my present balance on the credit card account(s) listed below to my new credit card account								
	<input type="checkbox"/> Credit Card Account Number _____		Amount to be transferred \$ _____						
FOR INTERNAL USE ONLY	Signature _____								
	Visa Account No. _____								
	Date Approved		Credit Line			Approved By			

Interest Rates and Interest Charges	Visa® Classic	Visa® Gold	Visa® Platinum
Annual Percentage Rate (APR) for Purchases	WSP + 7.00 %*	WSP + 4.00 %*	WSP + 3.00 %*
APR for Balance Transfers	WSP + 7.00 %*	WSP + 4.00 %*	WSP + 3.00 %*
APR for Cash Advances	WSP + 7.00 %*	WSP + 4.00 %*	WSP + 3.00 %*
Penalty APR and When it Applies	N/A		
How to Avoid Paying Interest on Purchases	Your due date is at least 25 days after the close of each billing cycle. We will not charge you interest on purchases if you pay your entire balance by the due date (Grace Period) each month.		
Minimum Interest Charge	If you are charged interest, the charge will be no less than \$0.50		
For Credit Card Tips from the Federal Reserve Board	To learn more about factors to consider when applying for or using a credit card, visit the web site of the Federal Reserve Board at http://www.federalreserve.gov/creditcard .		
Fees	Visa® Classic	Visa® Gold	Visa® Platinum
Annual Fee	None	None	None
Transaction Fees	<ul style="list-style-type: none"> • Balance Transfer None • Cash Advances Either \$5.00 or 3.0% of the amount advanced • Foreign Transaction All transactions in foreign countries will be subject to a 1.0% conversion or processing fee. 		
Penalty Fees	<ul style="list-style-type: none"> • Late Payment If the minimum required payment is not received within 10 days after the closing date subsequent to the payment due date, a late fee of \$15.00 will be imposed. • Returned Payment None 		
Other Fees	None		

*The prime rate used to determine your APR is the rate published in the Wall Street Journal.

How We Will Calculate Your Balance: We use a method called "average daily balance" (including new purchases). * An explanation of this method is provided in your account agreement.

Billing Rights: Information on your rights to dispute transactions and how to exercise those rights is provided in your account agreement.