

VISA Credit Card Application

To apply for a Central Keystone FCU VISA credit card, please print the application and fax it to us at (570) 286-5738.

CREDIT LIMIT REQUESTED: \$_____

Important Instructions: Complete and sign the "Applicant" portion to apply for credit in your name only. To apply for a joint account, you complete and sign the "Applicant" portion, and the joint applicant completes and signs the "Co-applicant" portion. Both applicant and co-applicant must belong to the Credit Union, and both assume responsibility for any charges made to the account. Availability of an individual account with an authorized user depends on the board policy.

Applicant Information

Last Name	First Name	Middle Name
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Home Address (street and no.)

City	State	Zip
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Previous Home Addresss (street)	How Long?
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City	State	Zip
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Home Phone Number ()	Birth Date
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Number of Dependents	Ages
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Social Security Number	Drivers License Number & State
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Employer	Position	How Long
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Business Phone Number	Gross Annual Income \$	Net Monthly Pay \$
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Previous Employer Address

<p>Alimony, child support, or separate income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation. Alimony, child support, separate maintenance received under court order ____ written agreement ____ oral understanding</p>

Other Income	Sources of Other Income
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<p>Is any income in the Section likely to be reduced? ____ Yes ____ No (if yes, please explain)</p>

Co-Applicant Information

Last Name	First Name	Middle Name
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Home Address (street and no.)

City	State	Zip
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Previous Home Addresss (street)	How Long?
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City	State	Zip
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Home Phone Number ()	Birth Date
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Number of Dependents	Ages
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Social Security Number	Drivers License Number & State
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Employer	Position	How Long
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Business Phone Number ()	Gross Annual Income \$	Net Monthly Pay \$
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Previous Employer Address

Alimony, child support, or separate income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation. Alimony, child support, separate maintenance received under court order ____ written agreement ____ oral understanding
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Other Income	Sources of Other Income
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Is any income in the Section likely to be reduced? ____ Yes ____ No (if yes, please explain)
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Outstanding Debts Section (Include charge accounts, installment contracts, credit cards, rent, mortgage, etc. Use separate sheet if necessary.)
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____ Mortgage ____ Landlord
Payment Address:

Value: \$	Original Amount: \$
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Balance Due	Monthly Payment/Rent
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Autos Owned - Make/Year	Financed By	Monthly Payment
1.		
2.		
3.		
4.		

License Number

Name & Address Other Debts	Account Number	Amount Owed
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Name & Address Other Debts	Account Number	Amount Owed
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Checking/Share Draft Account Number	Location
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Savings Account Number	Location
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Total Checking/Savings \$

Name of Nearest Relative Not Living With You	Relationship

Address (City-State-Zip)

Are you the co-maker, endorser, or guarantor on any loan or contract?
___ Yes ___ No If "yes", for whom?

Are there any unsatisfied judgements against you?
___ Yes ___ No If "yes", list the amount and to whom.

Other Obligations (liability to pay alimony, child support, separate maintenance).

Have you ever:

- ___ had a car other personal property reposed by a dealer or a finance company
- ___ filed for bankruptcy
- ___ been party to a wage assignment or collection suit
- ___ been declined on a loan application to this credit union

If you answer "yes" to any of the above, please give details.

COMPLETE THE FOLLOWING ONLY IF YOU RESIDE IN A COMMUNITY PROPERTY STATE (ARIZONA, CALIFORNIA, IDAHO, LOUISIANA, NEVADA, NEW MEXICO, TEXAS, WASHINGTON OR WISCONSIN), OR IF ANOTHER PERSON WILL BE JOINTLY LIABLE FOR THE ACCOUNT.

Married Separated Unmarried

This statement is submitted to obtain credit and I (we) certify that all information herein is true and complete. I (We) also authorize the Credit Union to verify or obtain further information the Credit Union may deem necessary concerning my (our) credit standing. If this application is approved and a Credit Card(s) issued, the undersigned applicant(s) by signing, using or permitting another to use the Credit Card(s) agree(s) that the applicant(s) will be bound by the terms and conditions accompanying the Credit Card(s) and all amendments.

I (We) hereby acknowledge receipt of the Credit Union Credit Card Agreement and Disclosure and Billing Rights that inform me (us) of the terms, responsibilities and rights as a Credit Union Credit Card account user.

Name of Authorized User	Address
Birth Date	Signature Date
Social Security Number	

Summary of Terms

Annual Percentage Rate For Purchases.....9.9% APR
 Variable Rate Information.....Does Not Apply
 Grace Period For Repayment Of Balance For Purchases.....25 Days
 Annual Fee.....None
 Transaction Fee For PurchasesNone
 Cash Advance Fee.....None
 Late Payment Fee\$15.00
 Over-The-Credit-Limit FeeNone
 Minimum Finance ChargeNone
 Method Of Computing The Balance For PurchasesAverage Daily Balance (including new purchases)

A \$10.00 fee will be charged for any share drafts or checks returned due to insufficient funds.

Disclosures are accurate as of 9/1/99 and subject to change without notice. Contact the Credit Union for any changes in the above information.

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