

Married Applicants may apply for a separate account. Check the appropriate box to indicate Individual Credit or Joint Credit.

- Individual Credit: Complete Applicant sections if only the applicant's income is considered for loan approval. Complete Applicant and Co-Applicant sections: (1) if you are relying on income from alimony, child support, or separate maintenance...
Joint Credit: Complete Applicant and Co-Applicant sections if your co-applicant will be contractually liable for repayment of the loan and initial below: We intend to apply for joint credit.

Type of Card Requested: Number of Cards Requested: Credit Limit Requested: \$
VISA: If authorized user, name: Date of Birth:
Share Secured VISA: SEE BELOW FOR IMPORTANT INFORMATION ABOUT CREDIT CARDS

APPLICANT and CO-APPLICANT sections with fields for NAME, ACCOUNT NUMBER, SOCIAL SECURITY NUMBER, MOTHER'S MAIDEN NAME, E-MAIL ADDRESS, BIRTH DATE, HOME PHONE, CELL NUMBER, BUSINESS PHONE/EXT, PRESENT ADDRESS, MORTGAGE BALANCE, MONTHLY PAYMENT, etc.

EMPLOYMENT section with fields for NAME AND ADDRESS OF EMPLOYER, HIRE DATE, POSITION, PRIOR EMPLOYER.

INCOME section with OTHER INCOME NOTICE and fields for INCOME, PER.

REFERENCES section with fields for NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU, HOME PHONE, RELATIONSHIP.

STATE NOTICES section with OHIO RESIDENTS ONLY and WISCONSIN RESIDENTS ONLY notices, including marital status options and a signature line.

SECURITY INTEREST section with a bolded notice: THE GRANTING OF THIS SECURITY INTEREST IS A CONDITION FOR THE ISSUANCE OF CREDIT UNDER THIS APPLICATION. IF YOUR APPLICATION IS APPROVED, YOU SPECIFICALLY GRANT US A CONSENSUAL SECURITY INTEREST...

Credit Card Application



3049 South 36th, Room 103
Tacoma, WA 98409
(253) 475-6661 or (800) 464-0076
FAX: (253) 475-0649
www.ibew76fcu.org

CREDIT CARD APPLICATION SIGNATURES - PLEASE READ BEFORE SIGNING

All the information in this application is true. I understand that section 1014 Title 18 U.S. Code makes it a federal crime to knowingly make a false statement on this application. You have my permission to check it. You may retain this application even if not approved. I understand that you may receive information from others about my credit and you may answer questions and requests from others seeking credit or experience information about me or my accounts with you. If this application is approved, I agree to honor the provisions of the Credit Card Agreement. (If this application is for two of us, this statement applies to both of us.)

Consumer and Credit Report Authorization. By signing this Application, I authorize you to obtain my consumer and/or credit report for the purposes of evaluating this application and to obtain subsequent credit reports on an on-going basis in connection with this transaction, and for all other legitimate purposes, such as reviewing my accounts or taking collection action on the account. I authorize you to receive and review other information about me, such as my employment and income information, from third-parties or consumer reporting agencies.

Vermont Residents: Applicant provided consent via phone _____ (Credit Union Initials)

IMPORTANT NOTICE ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for me: When I open an account, you will ask for my name, address, date of birth, and other information that will allow you to identify me. You may also ask to see my driver's license or other identifying information.

SIGNATURE OF APPLICANT	DATE
X	

SIGNATURE OF CO-APPLICANT	DATE
X	

HAVE YOU OMITTED ANYTHING? REMEMBER: INCOMPLETE APPLICATIONS CANNOT BE PROCESSED.