

CHOOSE Visa®
 Platinum
 Gold
 Classic
 Classic Secured
 Individual Account
 Joint Account:

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 Note: All applicable sections should be filled out completely to avoid delay in processing your application.

Last Name		First	Middle	Social Security Number	
Date of Birth	Home	Cell	Email	Own <input type="checkbox"/>	Rent <input type="checkbox"/>
Current Address		City	State	Zip Code	Monthly Mortgage / Rent Payment \$
Previous Address (if less than 2 years at present address)		City	State	Zip Code	How Long (yrs)
Employer Name		Self Employed <input type="checkbox"/> Yes <input type="checkbox"/> No		Work Phone ()	Date Employed
Employer Address		Position/Occupation			Monthly Gross Income or Hourly Rate \$
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.				No. of Dependents	Amount per Month \$
Nearest Relative (Not Living With You)				Home Phone ()	Relationship
Their Address		City	State	Zip Code	

CO-APPLICANT Information about a co-applicant is not required for an individual account.

Last Name		First	Middle	Social Security Number	
Date of Birth	Home	Cell	Email	Own <input type="checkbox"/>	Rent <input type="checkbox"/>
Current Address		City	State	Zip Code	Monthly Mortgage / Rent Payment \$
Previous Address (if less than 2 years at present address)		City	State	Zip Code	How Long (yrs)
Employer Name		Self Employed <input type="checkbox"/> Yes <input type="checkbox"/> No		Work Phone ()	Date Employed
Employer Address		Position/Occupation			Monthly Gross Income or Hourly Rate \$
Source of Additional Income: Income from alimony, child support or separate maintenance need not be revealed if it is not considered in determining creditworthiness.				No. of Dependents	Amount per Month \$

TRANSFER OF BALANCE Fill out this information if you wish to transfer balance from a different credit card

Name of Bank	Card Number	Balance
Name of Bank	Card Number	Balance

CREDIT DISCLOSURES

	Classic	Gold	Platinum
Annual Percentage Rate (APR) for Purchases (Variable)	14.99%	9.99%	7.99%
Cash Advance APR (Variable)	19.99%	14.99%	11.99%
Balance Transfer APR (Fixed)	13.99%	11.99%	6.99%
Penalty APR	19.99%	17.99%	11.99%
Grace Period for re-payment of balances for purchases	25 Days	25 Days	25 Days
Return Payment Fee	\$35.00	\$35.00	\$35.00
Transaction Fee for Cash Advances	\$25.00	\$25.00	\$25.00
Late Payment Fee	\$30.00	\$25.00	\$15.00
Over-the-Credit-Limit Fee	\$30.00	\$25.00	\$15.00

The prime rate used to determine your APR is the rate published in the Wall Street Journal on the 2nd day of the prior month.
 KY, OH, MI, TN Fees Disclosed and Calculated as Finance Charge.

CREDIT INSURANCE: Credit insurance is available for a nominal cost for this loan. If you are interested in credit insurance please check below.

Credit Disability Yes No
 Single Credit Life Yes No

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.

X _____ **X** _____
 Applicant Signature Date Co-Applicant Signature Date

TRANSFER OF BALANCE REQUEST

Upon approval, I wish to transfer my present balance on the credit card account(s) listed below to my new credit card account.

Credit Card Account Number _____ Amount to be transferred \$ _____

Signature _____

FOR INTERNAL USE ONLY

DATE APPROVED	CREDIT LINE	APPROVED BY
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