

Credit Limit Requested \$ _

VISA® CREDIT CARD APPLICATION ☐ Individual Account Check Account Type: ☐ Joint Account (Applicant Signature Require for Joint Acct) (Co-Applicant Signature Required for Joint Acct) Credit Limit Increase VISA[®] Classic VISA[®] Gold Check Card Type:

Representative Name	Check Card	Check Card Type: ☐ VISA® Classic ☐ VISA® Gold								
IMPORTANT INFORMATIO Federal law requires all financial in				•	_	-	-	•		
ask for your name, address, date of	f birth, and other information tha	t will allow us to i	dentify you. We may	also ask to see y	our driver's l	cense or oth	ner identifying do	ocuments.		
APPLICANT Last Name	Note: All ap	plicable section	s should be filled of	out completely	to avoid del	ay in proce	essing your app	olication. Social Security Numb	er I	
Last Ivanic			Prist Ivanie			white		Social Security Nume	ici	
Date of Birth	Driver's License Number	State	Home Phone		Own	Rent	Other	Monthly Payment \$		
Current Address	I)	City		State	Zip Code	How Long (yrs.)		
Mailing Address (if different from above) City State Zip Code										
Previous Address (if less than 2 years at present address)						State	Zip Code	How Long (yrs.)		
Employer				Self Employed Yes	No No	Work Phone	,	Date Employed		
Address Position / Occupation								Monthly Gross Incom	ie \$	
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 creditworthiness						No. of Depe	ndents	Amount per Month \$		
need not be revealed if it is not to be considered in determining Nearest Relative (Not living with you)					Home Phone			Relationship		
					()					
Their Address City State Zip Code										
CO-APPLICANT	Information	about a co-appl	icant is not require	d for an indivi	dual accoun					
Last Name			First			Middle		Social Security Numb	er	
Date of Birth	Driver's License Number	State	Home Phone		Own	Rent	Other	Monthly Payment \$		
Current Address			[()	City	OWII	State	Zip Code	How Long (yrs.)		
Previous Address (if less than 2 years at presen	ent address)			City		State	Zip Code	How Long (yrs.)		
Employer				Self Employed		Work Phone	;	Date Employed		
Address				Yes Position / Occupatio	n No	()	Monthly Gross Income \$		
CREDIT INFORMATION Attach Additional Sheet if Necessary. 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 \$ \$									\$	
INTERPECT DATES AND INTERPECT CHARGES										
INTEREST RATES AND INTEREST CHARGES Annual Percentage Rate (APR) for Purchases 14.92%										
APR for Cash Advances					14.92%					
APR for Balance Transfers					14.92%					
Grace Period for repayment of balances for purchases					25 Days					
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 your purchases if you pay your entire balance by the due date (Grace					
					Period) each month. To learn more about factors to consider when applying for or using a credit card, visit the					
For Credit Card Tips from the Consumer Financial Protection Bureau website of the Consumer Financial Protection Bureau at http://www.consumerfinance.gov/learnmore										
FEES										
Annual Fees Balance Transfer Fee					None None					
Transaction Fee for Cash Advances					\$2.00					
Foreign Fees					1% of each transaction in U.S. dollars.					
Late Payment Fee					A late charge of 5% of the payment due or a maximum of \$10 will be assessed for a payment made 10 days or more after the date payment of this bill is due.					
Return Payment Fee					None					
Over-the-Credit-Limit Fee					None					
How We Will Calculate Your Balance: We use a method called "Average Daily Balance (including new purchases)." The information about the costs of the card described in this application is accurate as of June 2015. This information may have changed after that date. To find out what may have										
The information about the costs of the card described in this application is accurate as of June 2015. This information may have changed after that date. To find out what may have changed, write us at P.O. Box 339, Wallis, Texas 77485.										
SIGNATURE(S)										
PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING: This statement is submitted to obtain credit and I/We certify 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. X										
Applicant Signature	. Da	ate					Signature	Date	,	
TRANSFER OF BA	LANCE 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										
	USE ONLY									

Date Approved

Approved By

Number of Cards