WALLIS STATE BANK
Where Service Begins

VISA® CREDIT CARD APPLICATION

Check Account Choice: ❑ Individual Account ❑ Joint Account

(Applicant Signature Require for Joint Acct) _____

(Co-Applicant Signature Required for Joint Acct) _____

Credit Limit Requested $_____

Check Card Choice: ❑ Credit Limit Increase

Representative Name _____ ❑ Visa ❑ Visa Gold

IMPORTANT INFORMATION 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 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 Name		Middle		Social Security Number
Date of Birth	Driver's License Number	Home Phone ( )	❑ Own	❑ Rent	❑ Other	Monthly Payment $
Current Address		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)		City		State	Zip Code	How Long (yrs.)
Employer		Self Employed ❑ Yes ❑ 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 creditworthiness need not be revealed if it is not to be considered in determining					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	Driver's License Number	Home Phone ( )	❑ Own	❑ Rent	❑ Other	Monthly Payment $
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 ❑ Yes ❑ No		Work Phone ( )		Date Employed
Address		Position / Occupation				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			$	$

INTEREST RATES AND INTEREST CHARGES

Annual Percentage Rate (APR) for Purchases	**14.92%**
APR for Balance Transfers	**14.92%**
APR for Cash Advances	**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.
Minimum Interest Charge	None
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 website for the Federal Reserve Board at http://www.federalreserve.gov/creditcard

FEES

Annual Fees	None
Minimum Finances Charge	None
Transaction Fee for Cash Advances	$2.00
Balance Transfer Fee	None
Late Payment Fee	If the minimum required payment is not received within 5 days after the closing date subsequent to the payment due date, a late payment fee of 5% of the payment due (maximum $10.00) will be imposed.
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 2012. 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 _____ **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

Visa Account No.	Credit Limit		Credit Limit
Date Approved	Approved By	Date Approved	Approved By