



# VISA® CREDIT CARD APPLICATION

Check Account Type:  Individual Account  
 Joint Account

(Applicant Signature Required for Joint Acct)

(Co-Applicant Signature Required for Joint Acct)

Credit Limit Requested \$ \_\_\_\_\_

Representative Name \_\_\_\_\_

Check Card Type:  Credit Limit Increase  
 VISA® Classic  VISA® Platinum

**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	State	Home Phone ( )	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other	Monthly Payment \$
Current Address			City	State	Zip Code
Mailing Address (if different from above)			City	State	Zip Code
Previous Address (if less than 2 years at present address)			City	State	Zip Code
Employer			Self Employed <input type="checkbox"/> Yes <input type="checkbox"/> 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	State	Home Phone ( )	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other	Monthly Payment \$
Current Address			City	State	Zip Code
Previous Address (if less than 2 years at present address)			City	State	Zip Code
Employer			Self Employed <input type="checkbox"/> Yes <input type="checkbox"/> 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	<b>14.92%</b>
APR for Cash Advances	<b>14.92%</b>
APR for Balance Transfers	<b>14.92%</b>
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.
For Credit Card Tips from the Consumer Financial Protection Bureau	To learn more about factors to consider when applying for or using a credit card, visit the website of the Consumer Financial Protection Bureau at <a href="http://www.consumerfinance.gov/learnmore">http://www.consumerfinance.gov/learnmore</a>

## FEES

Annual Fees	None
Balance Transfer Fee	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 January 2019. 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 Date

X \_\_\_\_\_  
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

Account Number			
Credit Limit	Number of Cards	Date Approved	Approved By