



# Visa Classic/Visa Gold Application

**1**  VISA Classic  VISA Gold

**2** Desired Limit: \$ \_\_\_\_\_

## 3 Tell Us About Yourself

Account Number \_\_\_\_\_ Social Security Number \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Length of Residence \_\_\_\_\_ Rent/Own \_\_\_\_\_ Monthly Payment \_\_\_\_\_

Previous Address *(If current is less than 3 years)* \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Home Phone \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_

## 4 Tell Us About Your Employment

Present Employer \_\_\_\_\_ Position \_\_\_\_\_ Grade *(If applicable)* \_\_\_\_\_

Employer Address \_\_\_\_\_ Employer Phone \_\_\_\_\_

Yrs. Employed \_\_\_\_\_ Net Monthly Income \_\_\_\_\_ Other Income\* \_\_\_\_\_

Previous Employer \_\_\_\_\_ Position \_\_\_\_\_ Date Employed \_\_\_\_\_  
*(If current is less than 3 years)*

\*Applicants need not disclose alimony, child support or separate maintenance income. If the applicant is relying on alimony, child support or separate maintenance as a basis for repayment, complete Co-Applicant section as to Payor. Payor signature not required.

## 5 Co-Applicant Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Current Address *(If different from Applicant)* \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_

Business Phone \_\_\_\_\_ Position \_\_\_\_\_ Yrs. Employed \_\_\_\_\_

Net Monthly Income \_\_\_\_\_ Previous Employer \_\_\_\_\_  
*(If current is less than 3 years)*

## 6 Member's Choice Protection

MEMBER'S CHOICE protection makes your minimum monthly credit card payment should you become disabled due to sickness or accident, or pays off your outstanding credit card balance if you die while insured, or pays your minimum monthly payment (less past due and over credit limit amounts) until you return to work or up to 12 months (except KS) if you are involuntarily unemployed or for up to 6 months if you or your spouse take covered family leave. Maximum total benefits are the least of your outstanding balance, your credit limit or \$10,000.

Yes, I would like to apply for the coverages described above.

Initial & date here \_\_\_\_\_

Everything I have stated in this application is true to the best of my knowledge, and is an accurate statement of my obligations and the income upon which I will rely to pay the credit requested. I understand that you will rely on this information in deciding whether or not to grant or continue credit to me. I also understand that you will not return this application. You are authorized to check my credit and employment history. I agree that I will be bound by all terms and conditions governing the charge card account, a copy of which will be delivered to me with my card.

By signing below, I/we grant to the credit union a security interest in any goods not yet paid for and in any and all deposits I/we have, now or later, in the credit union if I/we default in the terms of the credit union agreement and truth-in-lending disclosure.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Co-Applicant \_\_\_\_\_ Date \_\_\_\_\_