

# VISA APPLICATION

Use this form to apply for a Columbus Metro Visa Platinum card.



## Directions

1. Please fill out the application as completely as possible.
2. Return your completed application to the credit union.

## Applicant Information

Name \_\_\_\_\_ Metro Account Number \_\_\_\_\_

Desired Credit Limit \_\_\_\_\_ Date of Birth \_\_\_\_\_

Last 4 Digits of Social Security # \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

Do you:  Own or  Rent \_\_\_\_\_ Mortgage/Rent Payment \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Work Phone Number \_\_\_\_\_

Employer \_\_\_\_\_ Length of Time At Job \_\_\_\_\_

Gross Annual Income \_\_\_\_\_ Other Income\* \_\_\_\_\_

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

## Co-Applicant Information

Name \_\_\_\_\_

Last 4 Digits of Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Work Phone Number \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

Net Monthly Income \_\_\_\_\_ Length of Time At Job \_\_\_\_\_

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 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 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 \_\_\_\_\_ Date \_\_\_\_\_

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

## Mailing Address

Columbus Metro FCU  
P.O. Box 13240  
Columbus, OH 43213-0240

## Contact Us

By Phone 614.239.0210 or 800.986.3876  
By Fax 614.239.0988  
Online [www.columbusmetro.org](http://www.columbusmetro.org)