

Interest Rates and Interest Charges	Visa® Gold	Gold MasterCard®
Annual Percentage Rate (APR) for Purchases	12.90% Fixed	12.90% Fixed
APR for Balance Transfers	12.90% Fixed	12.90% Fixed
APR for Cash Advances	12.90% Fixed	12.90% Fixed
Penalty APR and When it Applies	No Penalty Interest	
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 retail purchases if you pay your entire balance by the due date. We will begin charging interest on cash advances and/or balance transfers on the transaction date.	
Minimum Interest Charge	If you are charged interest, the charge will be no less than \$1.00 .	
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 web site of the Consumer Financial Protection Bureau at http://www.consumerfinance.gov/learnmore .	

Fees	Visa® Gold	Gold MasterCard®
Annual Fee	No Annual Fee	No Annual Fee
Transaction Fees <ul style="list-style-type: none"> • Balance Transfer • Cash Advances • Foreign Transaction 	No Balance Transfer Fee 2.0% of the amount advanced (\$2.00 min., \$10.00 max.) 1% of each transaction in U.S. Dollars	
Penalty Fees <ul style="list-style-type: none"> • Late Payment • Over-the-Credit-Limit • Returned Payment 	Up to \$15.00 No over the credit limit fee Up to \$15.00	

Telephone Payment Fees A **\$10.00** fee will apply if you talk to a credit card representative to process a phone payment.

How We Will Calculate Your Balance: We use a method called "average daily balance" (including new purchases).* An explanation of this method is provided in your account agreement.
Billing Rights: Information on your rights to dispute transactions and how to exercise those rights is provided in your account agreement.

CREDIT APPLICATION

Check Account Choice:
(Signature required for joint applicant)

Individual Account
 Joint Account
 We intend to apply for joint credit
 Applicant Initials _____ Co-Applicant Initials _____
 Credit Line Increase

Credit Limit Requested \$ _____

Check Card Choice Visa® Gold Gold MasterCard®

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT: To help the government fight the funding of terrorism and money laundering activities, Federal laws require all financial institutions to obtain, verify and record information that identifies each person who opens an Account. What this means to 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		Middle		Social Security Number	
	Date of Birth	No. of Dependents	Home Phone ()	Cell Phone ()	Own <input type="checkbox"/>	Rent <input type="checkbox"/>	Other <input type="checkbox"/>	Monthly Payment \$
	Email Address							
	Current Address		City		State	Zip Code		How Long (yrs)
	Mailing Address (if different from above)		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 <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 need not be revealed if it is not considered in determining creditworthiness							Amount per Month \$
Nearest Relative (Not Living With You)					Home Phone ()		Relationship	
CO-APPLICANT Interest for joint applicant; this information is not required for an individual account.	Last Name		First		Middle		Social Security Number	
	Date of Birth	No. of Dependents	Home Phone ()	Cell Phone ()	Own <input type="checkbox"/>	Rent <input type="checkbox"/>	Other <input type="checkbox"/>	Monthly Payment \$
	Email Address							
	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 <input type="checkbox"/> Yes <input type="checkbox"/> No		Work Phone ()		Date Employed	
	Address				Position/Occupation		Monthly Gross Income \$	
	Source of Additional Income: Income from alimony, child support or separate maintenance need not be revealed if it is not considered in determining creditworthiness							Amount per Month \$
CREDIT INFO Attach Additional Sheets 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							
SIGNATURES	<p>PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING: This statement is submitted to obtain credit and I/we certify that 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 you intend to apply for joint credit, the undersigned shall be jointly and severally liable for any and all credit extended from time to time. We may report information about your account to the credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.</p>							
	X _____		Date		X _____		Date	
TRANSFER OF BAL REQUEST	Upon approval, I wish to transfer my present balance on the credit card account(s) listed below to my new credit card account.							
	<input type="checkbox"/> Credit Card Account Number _____				Amount to be transferred \$ _____			
FOR INTERNAL USE ONLY	Signature _____							
	Visa Account No.				MasterCard Account No.			
	Date Approved	Credit Line	Approved By	Date Approved	Credit Line	Approved By		