CREDIT APPLICATION Credit Limit Requested \$	VISA F	Platinur	n Acc	_	e:			
IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT: To help the government fight 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 ask to see your Driver's License or other identifying documents.								
APPLICANT								
Last Name: First	Name: First			Member Number	Social S	Social Security Number		
Date of Birth: Home Phone	ate of Birth: Home Phone			Rent / Own / Other	Monthly	Monthly Payment \$		
Current Address: City/State/Zip Code						How Long (years)		
Mailing Address (if different from above): City/State/Zip Code					How Lo	How Long (years)		
Previous Address (if less than 2 years at present address): City/State/Zip Code						How Long (years)		
Employer:	Work Phone Self-Employed Yes No			Date E	Date Employed			
Address:					Monthly	/ Gross Inc	come \$	
Name and Address of Previous Employer (if less than 2 years at present employer): City/State/Zip Code						How Long (years)		
Source of Additional Income: income from alimony, child support or separate maintenance need not be revealed if is not to be considered in determining creditworthiness						Amount Per Month \$		
Nearest Relative (Not Living With You)			Hon	ne/Cell Number	Relation	Relationship		
Their Address: City/State/Zip Code								
CO-APPLICANT (Information about co-applicant is not required for an individual account) Last Name: First Middle						Social Security Number		
Date of Birth: Home Phone	9	Cell Phone		Rent / Own / Other	Monthly	Monthly Payment \$		
Current Address: City/State/Zip Code					How Lo	How Long (years)		
Mailing Address (if different from above): City/State/Zip Code					How Lo	How Long (years)		
Previous Address (if less than 2 years at present address): City/State/Zip Code					How Lo	How Long (years)		
Employer:		Work Phone Self-Employed Yes No				Date Employed		
Address:						Monthly Gross Income \$		
CREDIT INFORMATION (Attach Additional Sheet If Necessary) Name and Address of Creditors Name under Which Account Is Carried Account Number Balance Monthly Payment								
Home Mortgage/Rent					\$		\$	
2. Bank Credit Card / Bank Name and	Address				\$		\$	
CREDIT DISCLOSURES								
Annual Percentage Rate (APR) for Purchases 8.75% Base Rate								
Other APR's Grace Period for Repayment of Balances for Purchases				Cash Advance and Balance Transfer APR 8.75% Base Rate 25 Days				
Method of Computing the Balance for Purchases				Average Daily Balance (Including New Purchases)				
Annual Fees Minimum Finance Charge			None None					
Transaction Fee for Cash Advances				None				
Balance Transfer Fee No				None				
				*\$30.00 if payment is not received within 5 days after due date				
,				None None				
*If the minimum required payment is not received within the 5 days after the closing date subsequent to the payment due date, a late fee of \$30.00 will be imposed.								
The information about the costs of the card described in this application is accurate as of January 2016. This information may have changed after that date. To find out what may have changed, write us at: PO Box 11001, Lexington, KY 40512-1001								
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 this is a joint application, the undersigned shall be jointly and severally liable for any and all credit extended from time to time.								
Applicant Signature		Date	Co-A	pplicant Signature		Date		
Account No.	Date A	Approved		Credit Limit	Approved	Approved By		