

# VISA PLATINUM CREDIT APPLICATION

**CREDIT LIMIT REQUESTED:**  
\$ \_\_\_\_\_

**ACCOUNT TYPE:**

Individual     Joint

IMPORTANT INFORMATION ABOUT OPENING A NEW ACCOUNT. To help the government fight 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. When you open an Account, we will ask for your Name, Address, Date of Birth, and other information that allows us to identify you. We may also ask to see your driver's license or other identifying documents.

APPLICANT						
Last Name		First Name		Middle Name	Member Number	Social Security Number
Date of Birth	Home Phone		Cell Phone		Rent / Own / Other <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Monthly Payment \$
Email					Mother's Maiden Name	
Current Address <i>City, State, ZIP Code</i>					Number of Years at Residence	
Mailing Address (If different than above) <i>City, State, ZIP Code</i>						
Previous Address (If less than two years at current address) <i>City, State, ZIP Code</i>					Number of Years at Residence	
Employer			Work Phone	Self-Employed <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Employment	
Employer Address <i>City, State, ZIP Code</i>					Monthly Gross Income \$	
Name of Previous Employer (If employed less than two years)					Number of Years at Job	
Address of Previous Employer <i>City, State, ZIP Code</i>						
Source of Additional Income (Income from alimony, child support or separate maintenance not required if it is not to be considered in determining creditworthiness)					Amount Received per Month \$	
Nearest Relative (Not living with you)			Home/Cell Phone		Relationship	
Nearest Relative Address <i>City, State, ZIP Code</i>						
CO-APPLICANT (Not Required for an Individual Account)						
Last Name		First Name		Middle Name	Member Number	Social Security Number
Date of Birth	Home Phone		Cell Phone		Rent / Own / Other <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Monthly Payment \$
Current Address <i>City, State, ZIP Code</i>					Number of Years at Residence	
Mailing Address (If different than above) <i>City, State, ZIP Code</i>						
Previous Address (If less than two years at current address) <i>City, State, ZIP Code</i>					Number of Years at Residence	
Employer			Work Phone	Self-Employed <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Employment	
Employer Address <i>City, State, ZIP Code</i>					Monthly Gross Income \$	
CREDIT INFORMATION (Attach Additional Sheet if Necessary)						
Home Mortgage/Rent Name	Address <i>City, State, ZIP Code</i>		Name on Account	Account Number	Balance \$	Monthly Payment \$
Auto Loan Financial Institution Name	Address <i>City, State, ZIP Code</i>		Name on Account	Account Number	Balance \$	Monthly Payment \$
Credit Card Company Name	Address <i>City, State, ZIP Code</i>		Name on Account	Account Number	Balance \$	Monthly Payment \$
Other Name	Address <i>City, State, ZIP Code</i>		Name on Account	Account Number	Balance \$	Monthly Payment \$

**CREDIT DISCLOSURES**

Annual Percentage Rate (APR) for Purchases	<b>8.75% APR Base Rate</b>
Other APR's	Cash Advance and Balance Transfer APR 8.75% Base Rate
Grace Period for Repayment of Balances for Purchases	25 Days
Method of Computing the Balance for Purchases	Average Daily Balance (Including New Purchases)
Annual Fees	None
Minimum Finance Charge	None
Transaction Fee for Cash Advances	None
Balance Transfer Fee	None
Late Payment Fee	\$30.00 if payment is not received within 5 days after due date*
Return Payment Fee	None
Over-the-Credit-Limit Fee	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 November 2020. This information may have changed after that date. To find out what may have changed, write us at: 124 Louie Place, Lexington, KY 40511-2065

**SIGNATURES**

**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.

X _____ Applicant Signature	Date	X _____ Co-Applicant Signature	Date
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**FOR CREDIT UNION USE**

Account Number	Date Approved	Credit Limit \$	Approved By
Credit Score	Credit Grade	Interest Rate	