



# CREDIT CARD APPLICATION

 VISA CLASSIC

 VISA GOLD

 VISA PLATINUM REWARDS

 MASTERCARD

DO YOU CURRENTLY HAVE A CREDIT CARD WITH LAFCU? <input type="checkbox"/> NO <input type="checkbox"/> YES		IF YES, INDICATE TYPE	CHECK ONE <input type="checkbox"/> I WISH TO CLOSE THIS ACCOUNT AND TRANSFER BALANCE TO NEW CARD <input type="checkbox"/> I WISH TO KEEP PRESENT CREDIT CARD AND APPLY FOR NEW CARD
ACCOUNT TYPE <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> JOINT	LIMIT REQUESTED \$		NOTE <input type="checkbox"/> IF YOU ARE REQUESTING A LINE OF CREDIT INCREASE, PROVIDE YOUR CREDIT CARD NO.
<b>APPLICANT</b>		<b>CO-BORROWER</b>	
If you are applying for credit in your own name, complete applicant portion only.		Co-Borrower / Co-Signer, must complete Co-Borrower side.	
NAME-LAST	FIRST	M.I.	NAME-LAST FIRST M.I.
CREDIT UNION ACCOUNT NUMBER	APPLICANT MUST BE A MEMBER		CREDIT UNION ACCOUNT NUMBER
HOME ADDRESS-STREET		HOME ADDRESS-STREET	
CITY	STATE	ZIP CODE	HOW LONG?
MORTGAGE OR RENT PAYMENT	\$		MORTGAGE OR RENT PAYMENT \$
PREVIOUS HOME ADDRESS (IF CURRENT LESS THAN 3 YRS.)		HOW LONG?	PREVIOUS HOME ADDRESS (IF CURRENT LESS THAN 3 YRS.) HOW LONG?
HOME PHONE NO.	BIRTH DATE	SOCIAL SECURITY NO.	HOME PHONE NO. BIRTH DATE SOCIAL SECURITY NO.
DRIVER'S LICENSE NO. AND STATE		DRIVER'S LICENSE NO. AND STATE	
CELL PHONE NO.	E-MAIL ADDRESS		CELL PHONE NO. E-MAIL ADDRESS

<b>APPLICANT OCCUPATION</b>				<b>CO-BORROWER OCCUPATION</b>			
CURRENT EMPLOYER		DATE HIRED		CURRENT EMPLOYER		DATE HIRED	
ADDRESS				ADDRESS			
BUSINESS PHONE	POSITION OR JOB TITLE		GROSS MONTHLY PAY \$	BUSINESS PHONE	POSITION OR JOB TITLE		GROSS MONTHLY PAY \$
PREVIOUS EMPLOYER		DATE HIRED		PREVIOUS EMPLOYER		DATE HIRED	
POSITION OR JOB TITLE		GROSS MONTHLY PAY \$		POSITION OR JOB TITLE		GROSS MONTHLY PAY \$	
<b>NOTE</b> Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this loan.							
OTHER INCOME		SOURCE OR KIND		MONTHLY AMOUNT \$		OTHER INCOME	
PAYOR		IS INCOME LIKELY TO BE REDUCED IN 2 YRS.?		<input type="checkbox"/> YES <input type="checkbox"/> NO		PAYOR IS INCOME LIKELY TO BE REDUCED IN 2 YRS.?	

NAME OF NEAREST LIVING RELATIVE NOT LIVING WITH YOU	ADDRESS	PHONE NUMBER	RELATIONSHIP
AUTHORIZED USER	Applicant desires to add the following individuals as "Authorized Users." <input type="checkbox"/> Yes <input type="checkbox"/> No		IF YES, FULL NAME OF AUTHORIZED USER(S) RELATIONSHIP: <input type="checkbox"/> SPOUSE <input type="checkbox"/> OTHER

<b>APPLICANT</b>		DO YOU WANT PAYMENT PROTECTION COVERAGE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
PLEASE ISSUE VISA CARD(S) EMBOSSED WITH EACH NAME PRINTED HERE		1. PLEASE PRINT	DATE
		2. PLEASE PRINT	DATE
APPLICANT SIGNATURE		DATE	CO-BORROWER/CO-SIGNER SIGNATURE
DATE		DATE	DATE

CREDIT UNION USE ONLY				AMENDMENT		
<input type="checkbox"/> APPROVED <input type="checkbox"/> REJECTED <input type="checkbox"/> COUNTER OFFER (SPECIFY)				LOAN OFFICER	CREDIT LIMIT	DATE
LOAN OFFICER SIGNATURE	DATE REVIEWED	CREDIT LIMIT				
REASONS FOR REJECTION	DEBIT RATIO					
CARD NO.	UDL					