

GEORGIA DEPARTMENT OF PUBLIC SAFETY CREDIT UNION VISA CREDIT APPLICATION

NOTE: All applicable sections should be filled out completely. If not, processing of your application may be delayed.

Last Name		First	Middle	Social Security Number	
Date of Birth	No. of Dependents	Home Phone	<input type="checkbox"/> Own	<input type="checkbox"/> Rent	<input type="checkbox"/> Other
Street Address		City	State	Zip Code	How Long (yrs)
1. Previous address		City	State	Zip Code	How Long (yrs)
2. Previous address		City	State	Zip Code	How Long (yrs)
Employment	Self Employed	<input type="checkbox"/> yes <input type="checkbox"/> no	Telephone number		How Long (yrs)
Address		Position/Occupation			Monthly gross income
Previous Employer Name/Address					How Long (yrs)
Source of Additional Income					Amount per month \$

CO-APPLICANT OR SPOUSE (Complete this section only if co-applicant or spouse is applying for a joint account)

Last Name		First	Middle	Social Security Number	
Date of Birth	No. of Dependents	Home Phone	<input type="checkbox"/> Own	<input type="checkbox"/> Rent	<input type="checkbox"/> Other
Street Address		City	State	Zip Code	How Long (yrs)
1. Previous address		City	State	Zip Code	How Long (yrs)
Employment	Self Employed	<input type="checkbox"/> yes <input type="checkbox"/> no	Telephone number		How Long (yrs)
Address		Position/Occupation			Monthly gross income
Source of Additional Income					Amount per month \$

CREDIT INFORMATION (Attach additional sheets if necessary)

Bank Name and Address	Branch	Loans	<input type="checkbox"/> Open	<input type="checkbox"/> Closed
Checking Account Number/Name Listed		Savings Account Number/Name Listed		

Name and Address of Creditor	Name under which account is carried	Account number	Balance	Monthly Payment
1. Automobile			\$	\$
2. Home Mortgage			\$	\$
3. Bank Credit Card/ Bank Name/Address			\$	\$
4. Other (if applicable)			\$	\$

CREDIT DISCLOSURES

APR FOR PURCHASES	ANNUAL MEMBERSHIP FEE	GRACE PERIOD	METHOD OF COMPUTING BALANCE FOR PURCHASES	LATE PAYMENT FEE	OVER THE LIMIT FEE
9.96 %	0	25 Days	See Below *	\$15.00	\$15.00

At the date this application was printed, the information listed above was accurate. Because rates and terms are subject to change, you may contact us for the current information. *To avoid incurring additional finance charges on the balance of credit purchases reflected on the current statement and on any new credit purchases appearing on your next statement, you must pay the new balance shown on the current statement on or before the payment due date. The balance of credit purchases subject to finance charge is the average daily outstanding unpaid balance, which is determined by dividing the sum of the daily balances during the billing cycle by the number of days in the cycle. Each daily balance of credit purchases is determined by adding to the previous balance new credit purchases posted through that date if the previous balance was not paid in full within 25 days of the statement closing date, and subtracting each payment and credit on the date of receipt but excluding any unpaid finance charges.

CREDIT LIFE INSURANCE

Please enroll me in the credit life insurance program which protects my credit card account. I have read the credit line cost and disclosures and understand this is a voluntary service and I am free to cancel at any time.

SIGN: X _____ **DATE OF BIRTH:** _____ / _____ / _____

SIGNATURE(S)

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 bank card 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: _____ **CO-APPLICANT SIGNATURE:** _____ **DATE:** _____

TRANSFER OF BALANCE REQUEST

Upon approval, I wish to transfer my present balance on the credit card account(s) listed below to my new credit card account.

VISA ACCOUNT NO. _____ MASTERCARD ACCOUNT NO. _____
Signature _____ Please send a copy of your last statement

FOR INTERNAL USE ONLY

VISA ACCOUNT NO.	DATE APPROVED	CREDIT LINE	APPROVED BY
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