

CREDIT CARD APPLICATION

I am applying for: Gold (Unsecured) Visa Classic (Unsecured) Visa
 Maximum Credit Line Requested: \$500 \$1,000 \$2,500 \$5,000 \$7,500 \$10,000 \$15,000 \$20,000

Married Applicants may apply for a separate account. Check the appropriate box to indicate Individual Credit or Joint Credit.
 Individual Credit: Complete Applicant section. Complete Co-Applicant section: (1) about your spouse if you live in a community property state (AZ, CA, ID, LA, NM, NV, TX, WA, WI), or (2) if your spouse will use the Account, or (3) if there is a guarantor on this account.
 Joint Credit: Provide information about both of you by completing Applicant and Co-Applicant.

Please list on a separate sheet of paper those accounts from which you wish to transfer balances to Telco.

APPLICANT		
Name (First - Initial - Last)		Member Number
Present Street Address (Street)		How long?
City - State - Zip		
Home Phone Number	Work Phone Number	Cell Phone Number
Social Security Number	Driver's License Number	Date of Birth
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Single/Divorced/Widowed)		
Have you ever filed for bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No		
FINANCIAL INFORMATION		
Employer		Occupation
Address (Street - City - State - Zip)		
How long with current employer?	Gross Monthly Salary: \$	
How long in current line of work?		
Sources of Additional Income (Alimony, child support or separate maintenance income need not be revealed if you do not wish it to be considered as a basic for repaying this obligation) Annual Amount: \$		

CO-APPLICANT		
Name (First - Initial - Last)		Member Number
Present Street Address (Street)		How long?
City - State - Zip		
Home Phone Number	Work Phone Number	Cell Phone Number
Social Security Number	Driver's License Number	Date of Birth
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Single/Divorced/Widowed)		
Have you ever filed for bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No		
FINANCIAL INFORMATION		
Employer		Occupation
Address (Street - City - State - Zip)		
How long with current employer?	Gross Monthly Salary: \$	
How long in current line of work?		
Sources of Additional Income (Alimony, child support or separate maintenance income need not be revealed if you do not wish it to be considered as a basic for repaying this obligation) Annual Amount: \$		

REAL ESTATE			
Do you: <input type="checkbox"/> Own Home <input type="checkbox"/> Pay Mortgage <input type="checkbox"/> Pay Rent <input type="checkbox"/> Live with Relatives	What company financed?	Monthly Payment \$	Approximate Value \$

REFERENCES			
Name of Nearest Relative (not living with you)	Relationship	Address (Street - City - State - Zip)	Home Phone Number
Name of additional personal reference	Relationship	Address (Street - City - State - Zip)	Home Phone Number



Credit Insurance Application/Schedule

"You" or "your" means the member and the joint insured (if applicable). A co-signer is not eligible for joint coverage. Credit Insurance is voluntary and not required in order to obtain this loan. You may select any insurer of your choice. You can get this insurance only if you check "yes" below and sign your name and write in the date. The rate you are charged for the insurance is subject to change. You will receive written notice before any increase goes into effect. You have the right to stop this insurance by notifying your credit union in writing. Your signature below means you agree that:
 • If you elect insurance, you authorize the credit union to add the charges for insurance to your loan each month.

- You are eligible for disability insurance only if you are working for wages or profit for 25 hours a week or more on the date of any advance. If you are not, that particular advance will not be insured until you return to work. If you are off work because of temporary layoff, strike or vacation, but soon to resume, you will be considered at work.
 - You are eligible for insurance up to the Maximum Age for insurance. Insurance will stop when you reach that age.
- NOTE: THE LIFE AND DISABILITY INSURANCE CONTAINS CERTAIN BENEFIT INCLUSIONS, INCLUDING A PRE-EXISTING CONDITION EXCLUSION. PLEASE REFER TO YOUR CERTIFICATE FOR DETAILS.**

YOU ELECT THE FOLLOWING INSURANCE COVERAGE(S)		COST PER \$100 OF YOUR MONTHLY LOAN BALANCE		COVERED MEMBER (please print)	
YES	NO				
<input type="checkbox"/>	<input type="checkbox"/>	SINGLE CREDIT DISABILITY	\$.15		
<input type="checkbox"/>	<input type="checkbox"/>	JOINT CREDIT DISABILITY	\$.285		
<input type="checkbox"/>	<input type="checkbox"/>	SINGLE CREDIT LIFE	\$.065		
<input type="checkbox"/>	<input type="checkbox"/>	JOINT CREDIT LIFE	\$.104		
If you are totally disabled for more than 30 days, then the disability benefit will begin with the 31st day of disability.		INSURANCE MAXIMUMS		DISABILITY	LIFE
		MAX. MONTHLY TOTAL DISABILITY BENEFIT		\$850.00	N/A
		MAX. INSURABLE BALANCE PER LOAN ACCOUNT		\$50,000.00	\$50,000.00
		MAX. AGE FOR INSURANCE		66	70
GROUP POLICY NUMBER 017-0126-9		SECONDARY BENEFICIARY (if you desire to name one)			
MEMBER NUMBER		MEMBER'S DATE OF BIRTH		JOINT INSURED'S DATE OF BIRTH	

PLEASE COMPLETE THIS SECTION

SIGN HERE

SIGNATURE OF MEMBER (Be sure to check one of the boxes above)	DATE	SIGNATURE OF JOINT INSURED (CO-APPLICANT)	DATE
---	------	---	------

APP835-0297LA

OPTIONAL CHECKING (SHARE DRAFT) OVERDRAFT PROTECTION

Yes, I want to use my new VISA account for overdraft protection on my Telco Share Draft (Checking) account number _____.
 Visa add-ons for overdraft purposes can only be done in \$100.00 increments.

PLEASE SIGN AND RETURN

All information I/we have provided in this application is true to the best of my/our knowledge. I/we understand you will retain this application whether or not credit is approved, and I/we authorize you to check all our credit and employment history and to report to others your credit experience with me/us, including obtaining a current report upon receipt of this application and subsequently for purpose of an update, renewal or extension of credit. I/we understand that the use of any card issued with this application will be subject to the terms and conditions of the Cardholder Agreement. You pledge to the Credit Union all present and future shares and/or deposits in any account which you have an interest at the Credit Union as security for this VISA Line of Credit Account, Collateral securing other loans with the credit union, now and in the future, except real property or your principal residence, will also secure this loan. You authorize the credit union, at its discretion, to apply funds on deposit to any past due payment to avoid or reduce late charges and/or penalties. Signing this application acknowledges receipt and full agreement to the account terms and conditions described herein.

SIGN HERE

Applicant's Signature _____ Date _____ Co-Applicant's Signature _____ Date _____

FOR OFFICE USE ONLY			
Approved <input type="checkbox"/> Declined <input type="checkbox"/>	Limit \$ _____	Loan Officer _____	Date _____ Employee Referred _____