



CREDIT CARD APPLICATION

Co-op Credit Union
P.O. Box 157 • Black River Falls, WI 54615

MEMBER Account # _____	Credit Limit Requested _____	No. of Cards _____
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NOTICE: Married Applicants may apply for a separate account. Check the appropriate box below to indicate the type of credit for which you are applying

Individual Credit: Complete Applicant section. Complete the Co-Applicant section as follows: (1) Information about your spouse if you live in a community property state (AK, AZ, CA, ID, LA, NM, NV, TX, WA, WI) or (2) If your spouse will use the Account.

Joint Credit: Provide information about both of you by completing Applicant and Co-Applicant sections.

YOURSELF

Applicant Name _____		SS # _____	Birth Date _____	Home Phone (____) _____
Address-Street & No., City, State, ZIP _____			How Long? _____	Home E-mail Address _____
Previous Address _____		How Long? _____	Driver's License No. _____	Work Phone (____) _____
Employer _____		Employer's Address _____		Work E-mail Address _____
Start Date _____	Title _____	Notice: Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered.		
Employment Income: \$ _____ per _____		Other Income: \$ _____ per _____		
<input type="checkbox"/> Net <input type="checkbox"/> Gross		Source: _____		
Previous Employer Address-Street & No., City, State, ZIP _____			How Long? _____	Mother's Maiden Name _____ No. of Dependents & Ages _____
Complete the following only if you reside in a community-property state (Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin); or if another person will be jointly liable on the account. <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Legally Separated (Wisconsin only) <input type="checkbox"/> Unmarried/Divorced				

■ CO-APPLICANT ■ SPOUSE ■ GUARANTOR

Applicant Name _____		SS # _____	Birth Date _____	Home Phone (____) _____
Address-Street & No., City, State, ZIP _____			How Long? _____	Home E-mail Address _____
Previous Address _____		How Long? _____	Driver's License No. _____	Work Phone (____) _____
Employer _____		Employer's Address _____		Work E-mail Address _____
Start Date _____	Title _____	Notice: Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered.		
Employment Income: \$ _____ per _____		Other Income: \$ _____ per _____		
<input type="checkbox"/> Net <input type="checkbox"/> Gross		Source: _____		
Previous Employer Address-Street & No., City, State, ZIP _____			How Long? _____	Mother's Maiden Name _____ No. of Dependents & Ages _____

FINANCIAL OBLIGATIONS

Home: <input type="checkbox"/> Own <input type="checkbox"/> Rent Mortgage or Lease Amount _____		Owed To:		
Auto Loan:	Owed to _____	Address _____	Account # _____	Monthly Payment _____ Balance _____
Credit Card:	Owed to _____	Address _____	Account # _____	Monthly Payment _____ Balance _____
Credit Card:	Owed to _____	Address _____	Account # _____	Monthly Payment _____ Balance _____
Other Loans:	Owed to _____	Address _____	Account # _____	Monthly Payment _____ Balance _____
Please use a separate sheet of paper to list any additional debts or financial obligations.				

Please send me information regarding low-cost payment protection coverage.

Are you a US Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever filed bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No Year _____
Are you a Co-Maker on any other loans?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain	_____
Nearest Relative	Address _____
Phone _____	Relationship _____

By signing below, you authorize the credit union to obtain credit reports in connection with this application for credit and for any update, renewal, or extension of the credit received. The credit union is relying on what you stated in this application and you acknowledge that everything you have stated is true. If a credit card is issued to you and you use the card (or its account number) or authorized its use, you agree that such use will constitute your agreement to the terms of the cardholder agreement that you receive from the credit union. **You grant us a security interest in all of your Credit Union Shares in Account # _____ to secure your Card obligation.**

X APPLICANT'S SIGNATURE _____	DATE _____
X CO-APPLICANT'S SIGNATURE _____	DATE _____

IMPORTANT INFORMATION REGARDING RATE, FEE, AND OTHER COST INFORMATION CAN BE FOUND ON THE BACK PANEL OF THIS BROCHURE.

For Credit Union Use ONLY

Approved Declined Credit Limit _____

Credit Card Account # _____

Credit Committee or Loan Officer Signature _____

FINANCIAL INSTITUTION

Checking or Share Draft	
Address _____	
Account # _____	Balance _____
Savings	
Address _____	
Account # _____	Balance _____

STATE LAW DISCLOSURES

Notice to Ohio Residents: The Ohio laws against discrimination require that all creditors make credit equally available to all creditworthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.

Notice to Wisconsin Residents: Wisconsin law provides that any agreement, unilateral statement under s. 766.59 or court decree under s. 766.70 relating to material property may not adversely affect a creditor's interest, unless, prior to the time the credit is granted, the creditor is furnished with a copy of the agreement, statement or decree, or has actual knowledge of the adverse provision.

For Wisconsin Residents Only: If you are a married applicant residing in Wisconsin applying for individual credit, please read and sign the following statement, if applicable:

I acknowledge that the credit being applied for, if granted, will be incurred in the interest of my marriage or my family.

Applicant's Signature _____ Date _____