

**EMPLOYMENT SECURITY CREDIT UNION**  
**P.O. BOX 1828**  
**JEFFERSON CITY, MO 65102**

# VISA CREDIT CARD APPLICATION

*A table that includes the APR's and other required cost disclosures for credit card applications is included with this application.*

**NOTICE:** Married Applicants may apply for a separate account. Check the box indicating the type of credit card you are applying for:  
 **Individual Credit:** 1) Complete applicant section if you are relying only on your own income and assets to establish credit. 2) Complete other applicant section providing information about your spouse or former spouse if you reside in a community property state (AZ, CA, ID, LA, NM, NV, TX, WA) or if you are relying on alimony, child support or separate maintenance payments to establish credit.  
 **Joint Credit:** 1) Complete applicant and co-applicant section providing information about you and the other party.

**You apply for credit under the terms disclosed in the VISA Agreement and Truth-in-Lending Disclosure.**  
 You **REQUEST A LINE OF CREDIT OF \$** \_\_\_\_\_ **Number of Cards requested** 1 \_\_\_\_\_ 2 \_\_\_\_\_

APPLICANT			
NAME			
ACCOUNT NUMBER		SOCIAL SECURITY NUMBER	
BIRTH DATE	HOME PHONE ( ) ( )	BUSINESS PHONE ( ) ( )	
PRESENT ADDRESS (STREET, CITY, STATE, ZIP)			YEARS AT THIS ADDRESS <input type="checkbox"/> OWN <input type="checkbox"/> RENT
PREVIOUS ADDRESS (STREET, CITY, STATE, ZIP)			YEARS AT THIS ADDRESS <input type="checkbox"/> OWN <input type="checkbox"/> RENT
COMPLETE FOR JOINT CREDIT SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED (SINGLE, DIVORCED, WIDOWED)			
NUMBER OF DEPENDENTS OTHER THAN LISTED BY CO-APPLICANT (EXCLUDE SELF)		AGES	

<input type="checkbox"/> CO-APPLICANT <input type="checkbox"/> SPOUSE <input type="checkbox"/> EX-SPOUSE <input type="checkbox"/> GUARANTOR			
NAME			
ACCOUNT NUMBER		SOCIAL SECURITY NUMBER	
BIRTH DATE	HOME PHONE ( ) ( )	BUSINESS PHONE ( ) ( )	
PRESENT ADDRESS (STREET, CITY, STATE, ZIP)			YEARS AT THIS ADDRESS <input type="checkbox"/> OWN <input type="checkbox"/> RENT
PREVIOUS ADDRESS (STREET, CITY, STATE, ZIP)			YEARS AT THIS ADDRESS <input type="checkbox"/> OWN <input type="checkbox"/> RENT
COMPLETE FOR JOINT CREDIT SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED (SINGLE, DIVORCED, WIDOWED)			
NUMBER OF DEPENDENTS OTHER THAN LISTED BY CO-APPLICANT (EXCLUDE SELF)		AGES	

EMPLOYMENT AND INCOME INFORMATION			
NAME AND ADDRESS OF EMPLOYER			
TITLE GRADE		SUPERVISOR	
STARTING DATE	ENDING SEPARATION DATE	SELF EMPLOYED <input type="checkbox"/> YES <input type="checkbox"/> NO	TYPE OF BUSINESS
MILITARY : IS DUTY STATE TRANSFER EXPECTED DURING NEXT YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO		WHERE	
<b>NOTICE:</b> ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED			
<input type="checkbox"/> GROSS <input type="checkbox"/> NET EMPLOYMENT INCOME \$ _____ PER	HRS WORKED	OTHER INCOME \$ _____ PER	
IF EMPLOYED IN CURRENT POSITION LESS THAN TWO YEARS, COMPLETE THE FOLLOWING			
PREVIOUS EMPLOYER NAME & ADDRESS		STARTING DATE	
		ENDING DATE	
TITLE GRADE		SUPERVISOR	

EMPLOYMENT AND INCOME INFORMATION			
NAME AND ADDRESS OF EMPLOYER			
TITLE GRADE		SUPERVISOR	
STARTING DATE	ENDING SEPARATION DATE	SELF EMPLOYED <input type="checkbox"/> YES <input type="checkbox"/> NO	TYPE OF BUSINESS
MILITARY : IS DUTY STATE TRANSFER EXPECTED DURING NEXT YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO		WHERE	
<b>NOTICE:</b> ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED			
<input type="checkbox"/> GROSS <input type="checkbox"/> NET EMPLOYMENT INCOME \$ _____ PER	HRS WORKED	OTHER INCOME \$ _____ PER	
IF EMPLOYED IN CURRENT POSITION LESS THAN TWO YEARS, COMPLETE THE FOLLOWING			
PREVIOUS EMPLOYER NAME & ADDRESS		STARTING DATE	
		ENDING DATE	
TITLE GRADE		SUPERVISOR	

ASSETS		
DESCRIBE	VALUE	PLEGDED AS COLLATERAL FOR ANOTHER LOAN <input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO

ASSETS		
DESCRIBE	VALUE	PLEGDED AS COLLATERAL FOR ANOTHER LOAN <input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO

REFERENCES	
SHARE DRAFT OR CHECKING ACCT NO.	NAME & ADDRESS OF DEPOSITORY
SAVINGS ACCOUNT NUMBER	NAME & ADDRESS OF DEPOSITORY
NAME & ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU	RELATIONSHIP
	HOME PHONE
NAME & ADDRESS OF PERSONAL FRIEND - NOT A RELATIVE	HOME PHONE

REFERENCES	
SHARE DRAFT OR CHECKING ACCT NO.	NAME & ADDRESS OF DEPOSITORY
SAVINGS ACCOUNT NUMBER	NAME & ADDRESS OF DEPOSITORY
NAME & ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU	RELATIONSHIP
	HOME PHONE
NAME & ADDRESS OF PERSONAL FRIEND - NOT A RELATIVE	HOME PHONE

CONTINUED ON REVERSE SIDE

**OUTSTANDING DEBTS (List everything – attach other sheets if necessary.)**

A – APPLICANT C – CO-APPLICANT	CREDITOR NAME & ADDRESS	ACCOUNT NUMBER	PRESENT BALANCE	MONTHLY PAYMENT	NO. MONTHS PAST DUE
<input type="checkbox"/> A <input type="checkbox"/> C	RENT				
<input type="checkbox"/> A <input type="checkbox"/> C	MORTGAGE (Inc. Taxes & Ins.)				
<input type="checkbox"/> A <input type="checkbox"/> C	SECOND MORTGAGE				
<input type="checkbox"/> A <input type="checkbox"/> C	HOME ASSOC. DUES				
<input type="checkbox"/> A <input type="checkbox"/> C	AUTO LOAN				
<input type="checkbox"/> A <input type="checkbox"/> C	AUTO LOAN				
<input type="checkbox"/> A <input type="checkbox"/> C	CREDIT UNION				
<input type="checkbox"/> A <input type="checkbox"/> C	FINANCE COMPANY				
<input type="checkbox"/> A <input type="checkbox"/> C	CREDIT CARD				
<input type="checkbox"/> A <input type="checkbox"/> C	CREDIT CARD				
<input type="checkbox"/> A <input type="checkbox"/> C	ALIMONY				
<input type="checkbox"/> A <input type="checkbox"/> C	CHILD SUPPORT				
<input type="checkbox"/> A <input type="checkbox"/> C	OTHER				
<input type="checkbox"/> A <input type="checkbox"/> C	OTHER				
<input type="checkbox"/> A <input type="checkbox"/> C	OTHER				
<input type="checkbox"/> A <input type="checkbox"/> C	LIST ANY NAMES UNDER WHICH CREDIT HAS PREVIOUSLY BEEN RECEIVED				
		<b>TOTALS</b>			

**THESE QUESTIONS APPLY TO BOTH APPLICANT & CO-APPLICANT**

IF A YES ANSWER IS GIVEN TO A QUESTION, EXPLAIN ON AN ATTACHED SHEET	Applicant		Co-Applicant		IF A YES ANSWER IS GIVEN TO A QUESTION, EXPLAIN ON AN ATTACHED SHEET	Applicant		Co-Applicant	
	YES	NO	YES	NO		YES	NO	YES	NO
HAVE YOU ANY OUTSTANDING JUDGMENTS?					IS YOUR INCOME LIKELY TO REDUCE IN THE NEXT TWO YEARS?				
IN THE LAST 10 YEARS, HAVE YOU BEEN DECLARED BANKRUPT OR FILED A PETITION FOR CHAPTER 13?					ARE YOU A CO-MAKER OR CO-SIGNER ON ANY LOAN?				
HAVE YOU HAD PROPERTY FORECLOSED UPON OR GIVEN TITLE OR DEED IN LIEU THEREOF IN THE LAST 7 YEARS?					FOR WHOME (NAME OF OTHERS OBLIGATED ON LOAN)				
ARE YOU A PARTY IN A LAW SUIT?					TO WHOM (NAME OF CREDITOR)				
ARE YOU OTHER THAN A U.S. CITIZEN OR PERMANENT RESIDENT ALIEN?									

Everything that you have stated in this application is correct to the best of your knowledge. The Credit Union is authorized to check your credit, employment history, obtain a credit report and to answer questions about their credit experience with you. You understand that it may be a federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements concerning any of the above facts as applicable under the provisions of the United States Criminal Code. A condition of your account is your granting us a security interest in your share accounts. By signing below you grant us a security interest in all individual and joint share and/or deposit accounts you have with us now and in the future to secure your VISA account. If you are in default we may apply the balance in these accounts to any amounts due under the credit card agreement.

APPLICANT SIGNATURE <b>X</b>	DATE	CO-APPLICANT SIGNATURE <b>X</b>	DATE
SEAL		SEAL	

**DO NOT WRITE BELOW – FOR CREDIT UNION USE ONLY**

<b>CREDIT COMMITTEE LOAN OFFICER ACTION</b>			
Credit Committee:	DATE	LINE OF CREDIT	<b>DEBT RATIO WORKSHEET</b>
<input type="checkbox"/> We approve the line of credit as submitted		\$	Gross                  Net
<input type="checkbox"/> We reject the line of credit as submitted.			
<input type="checkbox"/> Counter-offer will be made, if accepted, line of credit approved.			
SPECIFIC REASON(S) FOR REJECTION			Applicant's Income
OUTSIDE INFORMATION CONSIDERED	<input type="checkbox"/> Yes <input type="checkbox"/> No	DESCRIBE	Spouse's Income
SIGNATURE		DATE	Other Income
SIGNATURE		DATE	Total Income
SIGNATURE		DATE	Home/Rent Cost
ECOA Notice and Reason for Rejection send or delivered on		DATE	Installment Payments
SIGNATURE			Debt Ratio