

CREDIT APPLICATION

Credit Limit Requested \$ _____



Member Account #: _____

Check Account Choice:
 Individual Account
 Joint Account
 Credit Limit Increase

APPLICANT				CO-APPLICANT			
Last Name	First	M.I.		Last Name	First	M.I.	
Social Security	Date of Birth	Home Telephone #		Social Security	Date of Birth	Home Telephone #	
Street Address	City	State	Zip Code	Street Address	City	State	Zip Code
<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other	Monthly Payment \$			<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other	Monthly Payment \$		
Previous Address	City	State	Zip Code	Previous Address	City	State	Zip Code
Employer	Telephone #	How Long (yrs)?		Employer	Telephone #	How Long (yrs)?	
Position/Occupation	Self-Employed? <input type="checkbox"/> yes <input type="checkbox"/> no	Work Phone		Position/Occupation	Self-Employed? <input type="checkbox"/> yes <input type="checkbox"/> no	Work Phone	
Monthly Gross Income \$				Monthly Gross Income \$			
Source of Additional Income £		Amount per month		Source of Additional Income £		Amount per month	
Nearest Relative (not living with you)	Home Phone #	Relationship		Nearest Relative (not living with you)	Home Phone #	Relationship	

£ You need not furnish alimony, child support, or maintenance income if you do not want us to consider it in evaluating your application.

CREDIT DISCLOSURES

Annual Percentage Rate (APR) for Purchases (1)	8.90%, 9.90%, 11.90%, 14.90%, 15.90%, or 17.90%
Annual Percentage Rate (APR) for Balance Transfers, Cash Advances, & Convenience Checks (2)	2.90% through August 31, 2010, for balance transfers 7/1/09 thru 12/31/09. After that: 8.90%, 9.90%, 11.90%, 14.90%, 15.90%, or 17.90%
Method of computing the balance of purchases	Average Daily Balance Method including new purchases
Grace period for purchases	25 days, but none for balance transfers, cash advances, or convenience checks
Annual Membership Fee	NONE
Late Payment Fee (3)	\$25.00
Over the Limit Fee (5)	\$25.00
Cash Advance / Balance Transfer Fee	NONE

- Your Annual Percentage Rate (APR) is Fixed and based on applicant's credit history.
- The APR for Cash Advances for Credit Cards is Fixed and based on applicant's credit history.
- Late Charge:** If the minimum required payment is not received within 15 days after the closing date subsequent to the payment due date, a late charge of \$25.00 will be imposed.
- A finance charge will be imposed on Credit Purchases only if you elect not to pay the entire new balance shown on you monthly statement for the previous billing cycle within 25 days from the closing date of that statement. If you elect not to pay the entire new balance shown on your previous monthly statement within that 25-day period, a finance charge will be imposed on the unpaid average daily balance of such Credit Purchases from the previous statement closing date and on new Credit Purchases from the date of posting to your account during the current billing cycle, and will continue to accrue until the closing date of the billing cycle preceding the date on which the entire new balance is paid in full or until the date of payment if more than 25 days from the closing date. The finance charge for a billing cycle is computed by applying the monthly periodic rate to the average daily balance of Credit Purchases, 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 outstanding unpaid balance of Credit Purchases at the beginning of the billing cycle any new Credit Purchases posted to your account, and subtracting any payments as received or credits as posted to your account, but excluding any unpaid finance charges. A finance charge will be imposed on Cash Advances from the date made or from the first day of the billing cycle in which the Cash Advance is posted to your account, whichever is later, and will continue to accrue until the date of payment.
 In consideration for Birmingham Bloomfield Credit Union to grant your request for a Visa credit card, you understand and consent to a lien on your shares with us (except IRA accounts) and dividends due or to become due to you from us to the extent you owe on any unpaid Credit Card balance.
- Over Limit Fee:** You may be charged a fee of \$25 on a statement date if your New Balance on that date is over your credit limit. You will be charged the fee each subsequent month until your New Balance on the statement date is BELOW your credit limit.

At the date this application was printed (shown in the lower right-hand corner - this side) the information listed above was accurate. Because rates and terms are subject to change, you may contact us for the current information by writing to the business reply address shown on the reverse side.

SIGNATURE(S) TO OBTAIN INSURANCE

YES Please enroll me in MEMBER'S CHOICE program, the benefit that will help make my minimum monthly credit union credit card payment in the event I cannot. I understand this is optional insurance coverage. I have read and understand the important insurance and cost disclosures as described herein.

_____ **BIRTHDAY** ____/____/____
 (primary/first-named applicant)

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 cardholder 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. I acknowledge that I have read and understand the insurance disclosure as described herein. 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 Date 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.

Credit Card Account Number _____ Amount to be transferred \$ _____

Signature _____

FOR INTERNAL USE ONLY

Visa Account No.		Credit Committee:	
DATE APPROVED	CREDIT LINE	APPROVED BY	