

Take advantage of the low, fixed interest rate of 11.96% A.P.R. and no annual fee. Apply for a VISA Gold Card today. To apply for a VISA or CREDIT LIMIT INCREASE, please complete this application.

- Abbey Credit Union Membership Number # _____ Membership Length _____
- For a New Credit Card Request, please indicate your requested Credit Limit \$ _____
- For a Credit Limit increase, please complete:
 Credit Card # _____
 Requested New Limit \$ _____

PERSONAL INFORMATION

LAST NAME _____ FIRST NAME _____ INTL _____ BIRTHDATE ____/____/____
 SOCIAL SECURITY _____ NO. OF DEPENDENTS _____ HOME PHONE _____
(EXCLUDE SELF)
 STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____
 OWN _____ RENT _____ Mrtg./Rental Pymt. \$ _____ Current Balance \$ _____ Auto Pymt. \$ _____
 NAME, ADDRESS, AND TELEPHONE NUMBER OF PERSONAL REFERENCE: _____

EMPLOYMENT INFORMATION

EMPLOYER _____ POSITION _____ NO. OF YEARS _____
 GROSS MO. SALARY \$ _____ BUSINESS PHONE # (____) _____ - _____
 APPLICANTS NEED NOT DISCLOSE ALIMONY, CHILD SUPPORT OR SEPARATE MAINTENANCE INCOME UNLESS THEY SO DESIRE, IF APPLICANT IS RELYING ON ALIMONY, CHILD SUPPORT OR SEPARATE MAINTENANCE INCOME AS A BASIS FOR REPAYMENT, COMPLETE JOINT APPLICATION SECTION AS TO PAYER. PAYER SIGNATURE IS NOT REQUIRED.
 OTHER INCOME \$ _____ SOURCE _____ PROVIDE PROOF OF "OTHER INCOME" _____
 PREVIOUS EMPLOYER _____ POSITION _____ ADDRESS _____ # OF YEARS _____

WILL THIS BE A JOINT ACCOUNT?

LAST NAME _____ FIRST NAME _____ INTL _____ BIRTHDATE ____/____/____
 SOCIAL SECURITY _____ NO. OF DEPENDENTS _____ HOME PHONE _____
(EXCLUDE SELF)
 STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____
 EMPLOYER _____ POSITION _____ NO. OF YEARS _____
 GROSS MO. SALARY \$ _____ BUSINESS PHONE # (____) _____ - _____ PREVIOUS EMPLOYER _____

PLEASE SIGN THIS AUTHORIZATION IN BOTH PLACES BELOW

I hereby certify that all statements are true and complete and submitted for the purpose of obtaining credit. I hereby authorize the Credit Union to whom this application is made, or Credit Bureau or other investigative agency employed by such Credit Union, to investigate the references herein listed or statements or other data obtained from me, or from any other source whatsoever pertaining to my credit and financial responsibility. I acknowledge and agree to abide by the terms and conditions of the agreement and disclosure, a copy of which will be sent to me with my card. I am aware that my credit account will be secured by my share accounts and I specifically grant a security interest therein.

APPLICANT SIGNATURE _____ DATE ____/____/____

THE OHIO LAWS AGAINST DISCRIMINATION REQUIRE THAT ALL CREDITORS MAKE CREDIT EQUALLY AVAILABLE TO ALL CREDIT-WORTHY 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.

JOINT APPLICANT SIGNATURE _____ DATE ____/____/____

ABBEY CREDIT UNION PAY-OFF CARD

Abbey VISA Pay-Off Card. I want the advantages of no annual fee, low interest rate Abbey credit card. To pay off Creditors list information in table below.

Please issue a Cash Advance for \$ _____

TOTAL FROM BELOW \$ _____

NAME OF CREDITOR	ADDRESS (include City/State/Zip)	ACCOUNT #	PAYOFF BALANCE

ABBEY CREDIT UNION IS HEREBY AUTHORIZED TO PAY OFF THE AMOUNT SHOWN ON THE ABOVE CHARGE ACCOUNT(S) BY ISSUING THE CHECKS AS INDICATED AND ADDING THE BALANCE TO MY ABBEY CREDIT CARD ACCOUNT (NOT TO EXCEED ABBEY CREDIT UNION LIMIT).

APPLICANT SIGNATURE _____ DATE ____/____/____