



Augusta VAH Federal Credit Union

1267 Augusta West Parkway • Augusta, GA 30909
Phone: (706) 855-2224 Fax: (706) 854-1731
www.avahfcu.org

VISA® Credit Card Application

Member Number: _____

Please Select: Individual Account

Joint Account

Income verification required. Attach a copy of a pay stub(s) when submitting application.

Applicant

Last Name:	First Name:	Middle Name:	SSN:
Date of Birth:	No. of Dependents:	Home Phone:	<input type="radio"/> Own <input type="radio"/> Rent <input type="radio"/> Other
Current Address:		City:	State: Zip:
Employer:	Self Employed: <input type="radio"/> Yes <input type="radio"/> No	Work Phone:	Position/Occupation: # of years:
Gross monthly income:	Source of additional income & amount	Nearest Relative not living with you:	Relationship: Home Phone #

Co-applicant

Complete this section only if co-applicant is applying for joint account

Last Name:	First Name:	Middle Name:	SSN:
Date of Birth:	No. of Dependents:	Home Phone:	<input type="radio"/> Own <input type="radio"/> Rent <input type="radio"/> Other
Current Address:		City:	State: Zip:
Employer:	Self Employed: <input type="radio"/> Yes <input type="radio"/> No	Work Phone:	Position/Occupation: # of years:
Gross monthly income:	Source of additional income & amount	Nearest Relative not living with you:	Relationship: Home Phone #

*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 FOR PURCHASES	ANNUAL MEMBERSHIP FEE	GRACE PERIOD FOR PURCHASES	METHOD OF COMPUTING THE BALANCE FOR PURCHASES	LATE PAYMENT FEE	OVER THE LIMIT FEE	CASH ADVANCE FEE
8.9% - 17.9%	NONE	25 DAYS	AVERAGE DAILY BALANCE INCLUDING NEW PURCHASES	\$20.00	NOT APPLICABLE	NONE

At the date this application was printed (shown in the lower right-hand corner of page) 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: Augusta VAH Federal Credit Union, 1267 Augusta West Parkway, Augusta, GA 30909.

A finance charge will be imposed on Credit Purchases only if you elect not to pay the entire New Balance shown on your monthly statement for the previous billing cycle within 25 days from the closing date of that statement. If you elect 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 for Credit Purchases, which is determined by dividing the sum of daily balances during balances during the billing cycle by the number of days in the cycle. Each daily balance of Credit Purchases is determined by adding the outstanding unpaid balance of Credit Purchases at the beginning of the billing cycle to any new Credit Purchases posted to your account, and subtracting any payments as received and credits as posted to your account, but excluding any unpaid Finance Charges. A finance charge will be assessed on cash advances from the date of the cash advance, or the first day of the billing cycle in which the cash advance is posted, whichever is later, and will continue to accrue until payment in full is made. Cash Advances will be calculated in the same manner as explained for Credit Purchases.

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 credit policies for 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. If this is a joint application, the undersigned shall be jointly and severally liable for any and all credit extended from time to time.

FOR INTERNAL USE ONLY:

Visa® Account # _____ Credit Line: _____ Date Approved: _____ Approved by: _____