

## Credit Card Application

- Visa Classic     Visa Platinum  
 Visa Classic Secured

Check Type of Account Desired:  Individual Account     Joint Account  
 Individual Account with Authorized User

Member Account Number

**Please note:** If you are applying for credit in your name only, do not complete portion on co-applicant.

Applicant Name (Last-First-Middle)				Co-Applicant Name (Last-First-Middle)			
Home Address (Street & No.)			How Long?	Home Address (Street & No.)			How Long?
City-State-Zip				City-State-Zip			
Previous Home Address			How Long?	Previous Home Address			How Long?
Home Phone No. ( )	Birth Date	No. of Dependents	Ages	Home Phone No. ( )	Birth Date	No. of Dependents	Ages
Social Security No.		Driver's License No. and State		Social Security No.		Driver's License No. and State	
Mother's Maiden Name		Gross Annual Salary \$	Net Monthly Pay \$	Mother's Maiden Name		Gross Annual Salary \$	Net Monthly Pay \$
Employer		Position	How Long?	Employer		Position	How Long?
Business Address/Phone ( )				Business Address/Phone ( )			
Previous Employer		Position	How Long?	Previous Employer		Position	How Long?
Previous Business Address				Previous Business Address			

**Note:** Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.

Alimony, child support, separate maintenance received under  
 court order     written agreement     oral understanding  
 Other income: \$ \_\_\_\_\_ per \_\_\_\_\_ Source(s) of the income \_\_\_\_\_  
 Is any income listed in this section likely to be reduced in the next two years?  
 Yes (Explain in detail on a separate sheet)     No

Alimony, child support, separate maintenance received under  
 court order     written agreement     oral understanding  
 Other income: \$ \_\_\_\_\_ per \_\_\_\_\_ Source(s) of the income \_\_\_\_\_  
 Is any income listed in this section likely to be reduced in the next two years?  
 Yes (Explain in detail on a separate sheet)     No

HAVE YOU EVER FILED BANKRUPTCY?  Yes  No  
 HAVE YOU ANY LEGAL PROCEEDINGS AGAINST YOU?  Yes  No

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 HAVE YOU ANY LEGAL PROCEEDINGS AGAINST YOU?  Yes  No

### Outstanding Debts (Include charge accounts, installment contracts, credit cards, rent, mortgages, etc. Use separate sheet if necessary.)

Mortgage or Landlord	Payment Address	Mortgage/Rent Payment	Original Amount	Balance Due	Market Value
Autos Owned-Make	Year	License Number	Financed By	\$	Monthly Payment
Name and Address (Other Debts)	Account Number	Interest Rate	\$	\$	\$
			\$	\$	\$
			\$	\$	\$
ARE YOU A COMAKER OF ANY OTHER LOANS? <input type="checkbox"/> Yes <input type="checkbox"/> No			\$	\$	\$
Checking Account No.	Location	Savings Account No.	Location	\$ Total	
Name of Nearest Relative Not Living with You		Address (City-State-Zip)		Relationship	

Complete the following only if you reside in a community property state (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington or Wisconsin); or if another person will be jointly liable on the account.  
 Married     Separated     Unmarried

This statement is submitted to obtain credit and I(We) certify that all information herein is true and complete. I(We) also authorize the credit union to verify or obtain further information the credit union may deem necessary concerning my(our) credit standing. If this application is approved and a credit card(s) is issued, the undersigned applicant(s) by signing, using or permitting another to use the credit card(s) agree(s) that the applicant(s) will be bound by the terms and conditions of the VISA agreement which will be furnished to me(us). I(We) agree to pay the credit union all reasonable cost credit union incurs to collect debts incurred under my(our) VISA agreement with credit union, or realize on any security, including reasonable attorneys' fees, court costs and collection agency fees to the extent allowed by applicable laws or regulations. I(We) understand that a contingent or hourly fee arrangement may be established under an agreement entered into by credit union with an attorney and/or collection agency to collect debts incurred under my(our) VISA agreement if it is in default and I(we) hereby agree that any such fee arrangement is reasonable. This provision also shall apply if I(we) file a petition or any other claim for relief under any bankruptcy rule or law of the United States, or if such petition or other claim for relief is filed against me(us) by another.

**We intend to apply for joint credit.**    Applicant's Initials **X** \_\_\_\_\_    Co-Applicant's Initials **X** \_\_\_\_\_

APPLICANT'S SIGNATURE **X** \_\_\_\_\_    DATE \_\_\_\_\_    CO-APPLICANT'S SIGNATURE **X** \_\_\_\_\_    DATE \_\_\_\_\_

**Complete BOTH pages of this application. Failure to complete any information may delay processing. SIGN and return to any of our offices in person, or fax to (815) 639-9819.**

**Loves Park**  
 4225 Perryville Road  
 815/636-2100  
**Rockford**  
 702 E. Jefferson Street  
 815/968-7020

**Mount Morris**  
 North West Illinois Credit Union  
 a division of Rockford Bell Credit Union  
 4 East Main Street  
 815/734-6427

**Balance Transfer Form**

To transfer your credit balances, or pay them off, just fill in the details below. We'll send a check to each card issuer listed, and a letter to you confirming the amounts paid.\*

NAME OF CARD ISSUER \_\_\_\_\_ ACCOUNT NUMBER \_\_\_\_\_

PAYMENT ADDRESS OF CARD ISSUER \_\_\_\_\_

PHONE NUMBER OF CARD ISSUER \_\_\_\_\_ EXACT DOLLAR (\$) BALANCE TO TRANSFER \_\_\_\_\_

NAME OF CARD ISSUER \_\_\_\_\_ ACCOUNT NUMBER \_\_\_\_\_

PAYMENT ADDRESS OF CARD ISSUER \_\_\_\_\_

PHONE NUMBER OF CARD ISSUER \_\_\_\_\_ EXACT DOLLAR (\$) BALANCE TO TRANSFER \_\_\_\_\_

NAME OF CARD ISSUER \_\_\_\_\_ ACCOUNT NUMBER \_\_\_\_\_

PAYMENT ADDRESS OF CARD ISSUER \_\_\_\_\_

PHONE NUMBER OF CARD ISSUER \_\_\_\_\_ EXACT DOLLAR (\$) BALANCE TO TRANSFER \_\_\_\_\_

\*Balance transfers take about 4 weeks to complete. Please continue to make payments on your other credit cards until the credit union notifies you that the balances have been transferred. Payment of the amount(s) authorized by you may or may not satisfy any outstanding balance(s) on the designated account(s). The credit union is not responsible for any remaining balance(s) or additional charges with regard to such account(s), nor for any charges resulting in any delay in the payment and transfer of balances. The total amount(s) paid and transferred cannot exceed your account credit line. The credit union reserves the right to refuse any balance transfer requests.

I/we the undersigned authorize Rockford Bell Credit Union to pay off the amounts specified above and apply those amounts to my Rockford Bell Credit Union credit card account.

**X** \_\_\_\_\_ **X** \_\_\_\_\_  
Applicant's Signature Co-Applicant's Signature

Credit Union Account # \_\_\_\_\_

**Pledge of Shares**

By signing below, you pledge to us and grant us a security interest in all of your shareholdings with us including paid shares and future payments on shares, to secure your credit card account with us. You authorize us to apply these shareholdings to pay any amounts due on the account or under this agreement if you should default.

**X** \_\_\_\_\_ **X** \_\_\_\_\_  
Applicant's Signature Co-Applicant's Signature

**Credit Disclosure**

	VISA CLASSIC	CLASSIC SECURED	VISA PLATINUM
ANNUAL PERCENTAGE RATE (APR) FOR PURCHASES	9.9%	17.9%	8.9%
OTHER APRS: CASH ADVANCE APR: BALANCE TRANSFER APR:	9.9% 9.9%	17.9% 17.9%	8.9% 8.9%
GRACE PERIOD FOR REPAYMENT OF BALANCES FOR PURCHASES	25 DAYS	25 DAYS	25 DAYS
METHOD OF COMPUTING THE BALANCES FOR PURCHASING	AVERAGE DAILY BALANCE (INCLUDING NEW PURCHASES)		
ANNUAL FEE	NONE	\$20.00	NONE
MINIMUM FINANCE CHARGE	NONE	NONE	NONE
TRANSACTION FEE FOR PURCHASES	1% FOREIGN TRANSACTION*		
TRANSACTION FEE FOR CASH ADVANCES	3% OF THE CASH ADVANCE, \$2 MIN. & \$10 MAX CHARGE		
BALANCE TRANSFER FEE	NONE	NONE	NONE
LATE PAYMENT FEE	\$20.00	\$20.00	\$20.00
OVER THE CREDIT LIMIT FEE	\$20.00	\$20.00	\$20.00

TRANSACTION FEE FOR CASH ADVANCES: 1% FOREIGN TRANSACTION\*  
OTHER FEES AND CHARGES: FOR BOTH CARDS  
DOCUMENTATION FEE: \$10.00 NEW OR REPLACEMENT CARD FEE: \$10.00  
RETURNED CHECK FEE: \$20.00 CARD RECOVERY FEE: \$65.00

**This information was accurate as of January 2006. Please contact us at (815) 636-2100 for any change in the information since January 2006.**

\*Change to Foreign Transaction Currency Exchange Rate: Effective April 1, 2005, the exchange rate for transactions in a foreign currency will be a rate selected by Visa from the range of rates available in wholesale currency markets for the applicable central processing date, which rate may vary from the rate Visa itself receives, or the government mandated rate in effect for the applicable central processing date plus the 1% fee.

**FOR CREDIT UNION USE ONLY**

ACCOUNT NO. \_\_\_\_\_

CREDIT LIMIT OF \$ \_\_\_\_\_ DATE APPROVED \_\_\_\_\_

APPROVED BY \_\_\_\_\_

COMMENTS \_\_\_\_\_

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