



## CREDIT APPLICATION

Check Card Choice (Only One):    Check Account Choice (Only One):

Credit Limit  
Requested \$ \_\_\_\_\_

- ☐ Visa Classic                      ☐ Individual Account  
☐ MasterCard                      ☐ Joint Account  
☐ Visa Platinum                      ☐ Credit Limit Increase

Number of Cards \_\_\_\_\_

### APPLICANT

NOTE: All applicable sections should be filled out completely. If not, processing of your application may be delayed.

Last Name		First	Middle	Social Security Number	
Date of Birth	No. of Dependents	Home Phone	Own <input type="checkbox"/>	Rent <input type="checkbox"/>	Other <input type="checkbox"/>
Current Address		City	State	Zip Code	How Long (yrs)
Mailing Address (if different from above)		City	State	Zip Code	How Long (yrs)
Previous Address		City	State	Zip Code	How Long (yrs)
Employer	Self Employed <input type="checkbox"/> Yes <input type="checkbox"/> No		Work Phone		How Long (yrs)
Address		Position/Occupation			Monthly Gross Income \$
Name and Address of Previous Employer					How Long (yrs)
Source of Additional Income+					Amount Per Month \$
Nearest Relative (Not Living With You)			Home Phone		Relationship
Their Address		City	State	Zip Code	

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

### CO-APPLICANT

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

Last Name		First	Middle	Social Security Number	
Date of Birth	No. Of Dependents	Home Phone	Own <input type="checkbox"/>	Rent <input type="checkbox"/>	Other <input type="checkbox"/>
Current Address		City	State	Zip Code	How Long (yrs)
Previous Address		City	State	Zip Code	How Long (yrs)
Employer	Self Employed <input type="checkbox"/> Yes <input type="checkbox"/> No		Work Phone		How Long (yrs)
Address		Position/Occupation			Monthly Gross Income \$

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

### CREDIT INFORMATION

Attach Additional Sheet If Necessary.

Bank Name and Address	Branch	Loans	Open <input type="checkbox"/>	Closed <input type="checkbox"/>
Checking Account Number/name Listed		Savings Account Number/Name Listed		

Name and Address of Creditor	Name Under Which Account Is Carried	Account Number	Balance	Monthly Payment
1. Automobile			\$	\$
2. Home Mortgage-Rent			\$	\$
3. Institution Credit Card/ Institution Name and Address			\$	\$
4. Other			\$	\$

**CREDIT DISCLOSURES**

Annual Percentage Rate (APR) for purchases	Annual Membership Fee	Grace Period For Purchases	Method Of Computing Balance for Purchases	Late Payment Fee	Over The Limit Fee	Cash Advance Fee	Returned Payment Fee
Visa <b>11.99%</b>  MasterCard <b>11.99%</b>  Visa Platinum <b>7.99%</b>	<b>NONE</b>	25 days (5)	Average daily Balance Including New Purchases	\$25.00(3)	\$20.00 (4)	<b>NONE</b>	\$25.00

**(3) Late Charge:** If the minimum required payment is not received within 5 days after the closing date subsequent to the payment due date, a late charge of \$25.00 or 5% of the unpaid portion of the past due amount is imposed, but not to exceed \$25.00

**(4) Overlimit Fee:** This fee is applied when a balance is 10% or more over limit.

**(5) 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 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 payment as received and credits as posted to your account, but excluding any unpaid Finance Charges.**

**A Finance Charge will be imposed on Cash Advances from the date of the Cash Advance, or from the first day of the billing cycle in which the Cash Advance is posted to your account, whichever is later, and will otherwise be calculated in the same manner as explained for Credit Purchases.**

The information about the costs of the card described in this application is accurate as of April 2007. This information may have changed after that date. To find out what may have changed, write us at 12626 Nettles Dr, Newport News, VA 23606-2546

**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 bank card 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. If you are issued a credit card by signing below, you grant and consent to a lien on your shares with us (except IRA and Keogh accounts) and any dividend due or to become due to you from us to the extent you owe on any unpaid Credit Card Balance.

X

\_\_\_\_\_  
**Applicant Signature** **Date** **X** \_\_\_\_\_  
**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.

☐

**Visa Account No.** \_\_\_\_\_

☐

**MasterCard Account No.** \_\_\_\_\_

Signature \_\_\_\_\_ Please send a copy of your last STATEMENT.

**FOR INTERNAL USE ONLY**

Visa Account No.			MasterCard Account No.		
Date Approved	Credit Line	Approved By	Date Approved	Credit Line	Approved By