



# Credit Card Application

Check  one box below to indicate the type of card for which you are applying.

- VISA Platinum Card     
  VISA Secured Card     
  VISA Signature Cash Rewards Card     
  VISA Signature Travel Rewards Card

**Check below to indicate the type of credit for which you are applying. Married Applicants may apply for a separate account.**

**Individual Credit:** You must complete the **Applicant** section about yourself and the **Other** section about your spouse if:

1. you live in or the property pledged as collateral is located in a community property state (AK, AZ, CA, ID, LA, NM, NV, TX, WA, WI);
2. your spouse will use the account, or
3. you are relying on your spouse's income as a basis for repayment. If you are relying on income from alimony, child support, or separate maintenance, complete the **Other** section to the extent possible about the person on whose payments you are relying.

**Joint Credit:** Select if another person, in addition to yourself, should be used to determine creditworthiness for approving the application. Joint Applicant and Applicant share liability.

**Guarantor:** Complete the **Other** section if you are a guarantor on an account/loan.  Credit Limit Requested \$ \_\_\_\_\_

APPLICANT	OTHER
<input type="checkbox"/> JOINT-APPLICANT <input type="checkbox"/> SPOUSE <input type="checkbox"/> OTHER	
NAME (Last - First - Middle Initial)	NAME (Last - First - Middle Initial)
MEMBER NUMBER      SOCIAL SECURITY NUMBER	MEMBER NUMBER      SOCIAL SECURITY NUMBER
DRIVER'S LICENSE NUMBER/STATE      EMAIL ADDRESS	DRIVER'S LICENSE NUMBER/STATE      EMAIL ADDRESS
MOTHER'S MAIDEN NAME      BIRTH DATE	MOTHER'S MAIDEN NAME      BIRTH DATE
HOME PHONE      CELL PHONE      BUSINESS PHONE/EXT.	HOME PHONE      CELL PHONE      BUSINESS PHONE/EXT.
PRESENT ADDRESS (Street - City - State - Zip) <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> OTHER LENGTH AT RESIDENCE	PRESENT ADDRESS (Street - City - State - Zip) <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> OTHER LENGTH AT RESIDENCE
MONTHLY HOUSING PAYMENT \$	MONTHLY HOUSING PAYMENT \$
COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE: <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED (Single - Divorced - Widowed)	COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE: <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED (Single - Divorced - Widowed)
EMPLOYMENT/INCOME      START DATE	EMPLOYMENT/INCOME      START DATE
EMPLOYER'S NAME      POSITION	EMPLOYER'S NAME      POSITION
NOTICE: ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED.	NOTICE: ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED.
GROSS EMPLOYMENT INCOME \$ _____ Per _____      OTHER INCOME \$ _____ Per _____ SOURCE	GROSS EMPLOYMENT INCOME \$ _____ Per _____      OTHER INCOME \$ _____ Per _____ SOURCE
<b>STATE LAW NOTICES</b>	<p><b>OHIO RESIDENTS ONLY:</b> The Ohio laws against discrimination require that all creditors make credit equally available to all creditworthy 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.</p> <p><b>WISCONSIN RESIDENTS ONLY:</b> (1) No provision of any marital property agreement, unilateral statement under Section 766.59, or court decree under Section 766.70 will adversely affect the rights of the Credit Union</p> <p>unless the Credit Union is furnished a copy of the agreement, statement or decree, or has actual knowledge of its terms, before the credit is granted or the account is opened. (2) Please sign if you are <b>not</b> applying for this account or loan with your spouse. The credit being applied for, if granted, will be incurred in the interest of the marriage or family of the undersigned.</p> <p><b>X</b></p> <p>SIGNATURE FOR WISCONSIN RESIDENTS ONLY      DATE</p>

**Authorized User (Optional).** Please complete if you would like to allow another user on this account. The Authorized User information will not be used to determine creditworthiness for approving this application nor will they share liability for the account. You agree to be solely responsible for all transactions the Authorized User makes on your account.

NAME (Last - First - Middle Initial)	BIRTH DATE	SOCIAL SECURITY NUMBER	PRESENT ADDRESS (Street - City - State - Zip)
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<b>Balance Transfer</b>	I/we would like to transfer the balance of the following credit cards to my/our new NIH Federal Credit Union Credit Card account. The transfer request amount is based upon my/our approved credit terms.		
CREDIT CARD COMPANY	PAYMENT ADDRESS	ACCOUNT NUMBER	TRANSFER AMOUNT
CREDIT CARD COMPANY	PAYMENT ADDRESS	ACCOUNT NUMBER	TRANSFER AMOUNT

Balance transfers will be applied to your account and sent to your designated payee(s) 10 days after we mail your new credit card. Please continue to make payments to your other account(s) until you know the balance has been paid.

**Balance Transfer Option**  
Balance transfers are contingent upon issuance of your account with us. The total amount of your request(s) including fees and interest charges cannot exceed your available credit. We will not process any balance transfer requests that are from any other account or loan that we (NIH Federal Credit Union) or any of our affiliates issued. Balance transfers are subject to the transaction fee shown in the enclosed "Pricing Information." We will evaluate your balance transfer requests in the order listed on your response. If your request(s) exceeds the amount that we approve, we may either decline the request or send less than the full amount requested to your designated payee. Each transfer will reduce your available credit just like any other transaction. You will see a payment for the amount transferred on the statement from your other accounts. It may take up to three weeks to set up your new account with us and process the balance transfer(s), so you may still need to make payments to your other accounts to keep them current.

**SIGNATURES**

1. You promise that everything you have stated in this application is correct to the best of your knowledge. If there are any important changes you will notify us in writing immediately. You authorize the Credit Union to obtain credit reports in connection with this application for credit and for any update, increase, renewal, extension, or collection of the credit received. You understand that the Credit Union will rely on the information in this application and your credit report to make its decision. If you request, the Credit Union will tell you the name and address of any credit bureau from which it received a credit report on you. It is a crime to willfully and deliberately provide incomplete or incorrect information in this application.

2. You understand that the use of your card will constitute acknowledgment of receipt and agreement to the terms of the credit card agreement and disclosures. You grant us a security interest in all individual and joint share and/or deposit accounts you have with us now and in the future to secure your credit card account. When you are in default, you authorize us to apply the balance in these accounts to any amounts due. Shares and deposits in an Individual Retirement Account, and any other account that would lose special tax treatment under state or federal law if given as security, are not subject to the security interest you have given in your shares and deposits.

**X** (SEAL)

APPLICANT'S SIGNATURE

DATE

**X** (SEAL)

OTHER SIGNATURE

DATE

**CREDIT UNION USE ONLY**

APPROVED NO. OF CARDS \_\_\_\_\_ CREDIT LIMIT \$ \_\_\_\_\_ CREDIT CARD NUMBER \_\_\_\_\_  
 DECLINED CREDIT COMMITTEE OR LOAN OFFICER SIGNATURE \_\_\_\_\_