

1.	CREDIT LIMIT REQUESTED: \$ _____ (Minimum Credit Limit \$250 – Maximum Credit Limit \$7,500)
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2. CHECK THE APPROPRIATE BOX TO INDICATE WHETHER YOU ARE APPLYING FOR INDIVIDUAL CREDIT OR JOINT CREDIT

<input type="checkbox"/> INDIVIDUAL CREDIT: Provide information about yourself. Complete Sections 3 and 5.
<input type="checkbox"/> JOINT CREDIT: Provide information about both of you. Complete Sections 3, 4 and 5.

3. APPLICANT INFORMATION

NAME (First, M.I., Last)		SOCIAL SECURITY NO.	DATE OF BIRTH	CREDIT UNION MEMBER NO.
CURRENT STREET ADDRESS		CITY	STATE	ZIP CODE
RESIDENCE INFORMATION – DO YOU? <input type="checkbox"/> OWN HOME <input type="checkbox"/> RENT <input type="checkbox"/> OTHER		MONTHLY MORTGAGE OR RENT PAYMENT \$	MORTGAGE HOLDER'S OR LANDLORD'S NAME	NO. OF DEPENDENTS
HOME PHONE NO. ()		WORK PHONE NO. ()	CELL PHONE NO. ()	E-MAIL ADDRESS
CURRENT EMPLOYER (Name and Address)			STARTING DATE	POSITION OR JOB TITLE
CURRENT SALARY (Gross Amount) \$		OTHER INCOME (Gross Amount) \$		SOURCE(S) OF OTHER INCOME
<input type="checkbox"/> YEARLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> WEEKLY		PER		
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 LOAN.				

4. CO-APPLICANT INFORMATION

NAME (First, M.I., Last)		SOCIAL SECURITY NO.	DATE OF BIRTH	RELATIONSHIP TO APPLICANT
CURRENT STREET ADDRESS		CITY	STATE	ZIP CODE
RESIDENCE INFORMATION – DO YOU? <input type="checkbox"/> OWN HOME <input type="checkbox"/> RENT <input type="checkbox"/> OTHER		MONTHLY MORTGAGE OR RENT PAYMENT \$	MORTGAGE HOLDER'S OR LANDLORD'S NAME	NO. OF DEPENDENTS
HOME PHONE NO. ()		WORK PHONE NO. ()	CELL PHONE NO. ()	E-MAIL ADDRESS
CURRENT EMPLOYER (Name and Address)			STARTING DATE	POSITION OR JOB TITLE
CURRENT SALARY (Gross Amount) \$		OTHER INCOME (Gross Amount) \$		SOURCE(S) OF OTHER INCOME
<input type="checkbox"/> YEARLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> WEEKLY		PER		
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 LOAN.				

5. SIGNATURE(S)

I certify that everything I have stated in this application for credit is correct to the best of my knowledge. I authorize the Credit Union to obtain credit reports in connection with this application for credit and for any update, increase, renewal or extension of the credit received. I authorize the Credit Union to answer questions about its credit experience with me. If I request it, the Credit Union will tell me the name and address of any credit bureau from which it received a credit report on me. I understand that it is a federal crime to willfully and deliberately provide incomplete or incorrect information on applications for credit made to federal credit unions insured by NCUA. I understand that if a credit card is issued to me and I use the card, or its account number, or authorize its use, that such use will constitute my acknowledgment of receipt and agreement to the terms and conditions of the credit card agreement.

A condition of your credit card account is you granting the Credit Union a security interest in your share accounts. By signing below you grant the Credit Union a security interest in all individual and joint share accounts you have with the Credit Union now and in the future to secure your credit card account. When you are in default the Credit Union may apply the balance in these accounts to any amounts you owe under the credit card agreement.

APPLICANT'S SIGNATURE	DATE	CO-APPLICANT'S SIGNATURE	DATE
X		X	

IMPORTANT DISCLOSURES

Annual Percentage Rate (APR) For Purchases	11.90%
Annual Percentage Rate (APR) For Cash Advances	11.90%
Annual Percentage Rate (APR) For Balance Transfers	11.90%
Grace Period For Repayment Of The Balance For Purchases	Not Less Than 25 Days From Billing Cycle Closing Date
Method Of Computing The Balance For Purchases	Average Daily Balance (Including New Purchases)
Minimum Finance Charge	None
Transaction Fee For Purchases	None
Transaction Fee For Cash Advances	None
Transaction Fee For Balance Transfers	None
Annual Fees	None
Other Fees	\$10 - Late Payment Fee \$10 - Returned Payment Fee \$10 - Replacement Card Fee

This information about the costs of the card described in this application is accurate as of October 2011. This information may have changed after that date. To find out what may have changed, call us at (585) 272-0020 or write to us at: Rochester Area State Employees Federal Credit Union, 2024 West Henrietta Road #5L, Rochester, NY 14623.

New York residents may contact the New York State Banking Department to obtain a comparative listing of credit card rates, fees and grace periods by calling 1-800-522-3330.

FOR CREDIT UNION USE

I/WE APPROVE THE CREDIT REQUEST AS SUBMITTED.

THE FOLLOWING COUNTEROFFER WILL BE MADE AND IF ACCEPTED BY THE APPLICANT(S), I/WE APPROVE.

COUNTEROFFER: _____

I/WE DENY THE CREDIT REQUEST AS SUBMITTED.

SPECIFIC REASON(S) FOR DENIAL: _____

DATE ADVERSE ACTION NOTICE MAILED OR DELIVERED TO APPLICANT(S): _____ MAILED OR DELIVERED BY: _____

L.O. SIGNATURE: _____ DATE: _____ L.O. SIGNATURE: _____ DATE: _____