Interest Rates and Interest Charges	Visa®					
Annual Percentage Rate (APR) for Purchases	9.90%					
APR for Balance Transfers	9.90%					
APR for Cash Advances	9.90%					
Penalty APR and When it Applies	None					
Paying Interest	Your due date is at least 25 days after the close of each billing cycle. We will not charge yo interest on retail purchases if you pay your entire balance by the due date. We will begin charging interest on cash advances and/or balance transfers on the transaction date.					
Minimum Interest Charge	If you are charged interest, the charge will be no less than \$0.00					
For Credit Card Tips from the Consumer Financial Protection Bureau	To learn more about factors to consider when applying for or using a credit card, visit the web site of the Consumer Financial Protection Bureau at <a href="http://www.consumerfinance.gov/learnmore">http://www.consumerfinance.gov/learnmore</a> .					
Fees	Visa®					
Annual Fee	None					
Transaction Fees						
Balance Transfer	Up to \$3.00					
Cash Advances	Up to \$3.00					
Foreign Transaction	Up to 1.0%					
Penalty Fees						
Late Payment	Up to \$10.00 or 5.0% of minimum payment, whichever is greater.					
Over-the-Credit-Limit	None					
Returned Payment	Up to \$32.00					
Other Fees	None					

How We Will Calculate Your Balance: We use a method called "average daily balance" (including new purchases).\* An explanation of this method is provided in your account agreement.

Billing Rights: Information on your rights to dispute transactions and how to exercise those rights is provided in your account agreement.

Military Lending Act: Federal law provides important protections to members of the Armed Forces and their dependents relating to extensions of consumer credit. In general, the cost of consumer credit to a member of the Armed Forces and his or her dependent may not exceed an annual percentage rate of 36 percent. This rate must include, as applicable to the credit transaction or account: The costs associated with credit insurance premiums; fees for ancillary products sold in connection with the credit transaction; any application fee charged (other than certain application fees for specified credit transactions or accounts); and any participation fee charged (other than certain participation fees for a credit card account).

**CREDIT APPLICATION** 

Credit Limit Requested \$

**Check Account Choice:** 

(Signature required for joint applicant) Visa®

☐ Individual Account	
☐ Joint Account	
(see co-applicant and signatures section	1)
☐ Credit Line Increase	
☐ Life Insurance	
□ Disability Insurance	

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT: To help the government fight the funding of terror

APPLICANT Note: All applicable sections should be filted out completely to avoid delay in processing your application.	s to obtain, verify and record information that identifies each person v n that will allow us to identify you. We may also ask to see your drive Last Name		each person who see your driver's	who opens an Account. What this means to you: When you er's license or other identifying documents.			u open an Account, we will ask for your name, ac		Social Security Number	
	Data of Dist	l No of Davis	3235	7010		I Call Dhana	W. 100		N. Sete a B	
	Date of Birth	No. of Depen	idents	Home Phone		Cell Phone		Own Rent Other	Monthly Payment \$	
	Current Address			City			State	Zip Code	How Long (yrs)	
	Mailing Address (if different from above)			City		State	Zip Code	How Long (yrs)		
	Previous Address (if less than 2 years at present address)			City			State	Zip Code	How Long (yrs)	
	Employer	Self Employed ☐ Yes ☐ No		Work Phone		Date Employed				
	Address		Position/Occ			cupation	Monthly Gross Income \$			
	Name and Address of Previous Employer (if less than 2 years at present employer)								How Long (yrs)	
	Source of Additional Income: Income from alimony, child support or separate maintenance need not be revealed if it is not considered in determining creditworthiness								Amount per Month \$	
	Nearest Relative (Not Living With You)						Home Phone		Relationship	
	Last Name			First			Middle		Social Security Number	
-APPLICANT of for joint applicant, this ion is not required for an advidual account.	Date of Birth	No. of Depen	dents	Home Phone		Cell Phone		Own Rent Other	Monthly Payment \$	
LICA t applica required account.	Current Address			City			State	Zip Code	How Long (yrs)	
APP for joint on is not dividual	Previous Address (if less th	n 2 years at present address)		City			State	Zip Code	How Long (yrs)	
CO-APP Intended for join information is no information is no individual	Employer			Self Employed ☐ Yes ☐ No		Work Phone		Date Employed		
	Address Position/Occupation							Monthly Gross Income \$		
0	Name and Address of Cred	ditor	Name under Which Account		count is Carried Account Num		ber Balance		Monthly Payment	
Additiona Necessa	Home Mortgage/Rent									
CREDIT INFO Attach Additional Sheets if Necessary	2. Bank Credit Card/Bank I	nk Credit Card/Bank Name and Address								
SIGNATURES	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 to 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 institut 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 acc of such terms to be conclusively presumed by the applicant's use. If you intend to apply for joint credit, the undersigned shall be jointly and severally liable for any and all credit extended fro time. We may report information about your account to the credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report. You agree to be bound by the terms and conditions of the cardholder agreement, and account the cardholder agreement and account terms to be conclusively presumed by the applicant's use. If you intend to apply for joint credit, the undersigned shall be jointly and severally liable for any and all credit extended from time. We may report information about your account to the credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report. You agree to be bound by the terms and complete. I/We agree to be bound by the terms and complete. I/We agree to be bound by the terms and complete. I/We agree to be bound by the termine in the credit policies of this institute and complete. I/We agree to be bound by the termine in the credit policies of this institute and the credit policies of this institute and the credit policies of this institute and the credit policies of the institute and the credit policies of the institute and the credit policies of the institute and the credit policies of this institute and the credit policies of the in									
兴 . H	Upon approval, I wish to tra	ansfer my present balance	on the credit ca	The second secon					Date	
TRANSFE OF BAL REQUEST	□ Credit Card Account Number Amount to be transferred \$									
F &	Signature									
FOR INTERNAL USE ONLY	Visa Account No.			Referred By						
NTE!	Date Approved Credit			Credit Line	redit Line			Approved By		

Marshland Credit Union, Brunswick, GA 31520 FOLD AND SECURE WITH TAPE FOR MAILING