

  <p style="margin-top: 10px;"><b>LIMIT INCREASE REQUEST</b></p>	<p><b>Check One:</b></p> <input type="checkbox"/> A joint account <input type="checkbox"/> An individual account <input type="checkbox"/> An individual with authorized user	<p><b>Please increase my/our credit limit to:</b></p>
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Member Number (share savings account number)

**APPLICANT (Please print and use blue or black ink.)**

Name Last		First		Initial		Social Security Number		Date of Birth		
Street Address				City & State				Zip		How long?
Number of dependents including yourself		Home Phone		Previous Address				How long?		
Present Employer				How long?		Employer's Address				
Position				Gross Income \$ Per Hour		Business Phone				
Previous Employer				Previous Position		Previous Employer's Address			How long?	

**CO-APPLICANT (Complete this section only for a joint account.)**

Name Last		First		Initial		Social Security Number		Date of Birth		
Street Address				City & State				Zip		How long?
Number of dependents including yourself		Home Phone		Previous Address				How long?		
Present Employer				How long?		Employer's Address				
Position				Gross Income \$ Per Hour		Business Phone				
Previous Employer				Previous Position		Previous Employer's Address			How long?	

**OTHER INCOME (Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis of repayment.)**

Gross Amount \$ Per		Source		Name		Address		City & State		Zip
Gross Amount \$ Per		Source		Name		Address		City & State		Zip

**CREDIT AND FINANCIAL REFERENCES**

<input type="checkbox"/> Own/Buying		Mortgage through/Landlord		Value		Balance		Payment		
<input type="checkbox"/> Renting										
List all other outstanding financial obligations (loans, charge cards, mortgages, contracts, etc.)										
Name and Address			Account Number			Balance			Payment	

**SIGNATURES (Please use blue or black ink only.)**

PLEASE READ BEFORE SIGNING. By signing below I/we certify that all information on this application is true and complete. I/We hereby agree to be bound by the terms and conditions of the credit union credit card agreement, a copy of which will be provided to me/us with my/our credit cards if this application is approved, and receipt of which and acceptance of which will be conclusively presumed by my/our use of the card. If this is a joint application, the undersigned shall be jointly and severally liable for any and all credit extended from time to time under this agreement.

Signature of Card Owner	Date	Signature of Co-Card Owner	Date
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<b>For Credit Union Use Only</b>	MasterCard Acct. #	DTI:	DS Changed Date:	Changes by:
	CL increased to:	Approved By:	Date:	