



UNIVERSITY CREDIT UNION MasterCard APPLICATION

Check One

- A JOINT ACCOUNT
- AN INDIVIDUAL ACCOUNT
- AN INDIVIDUAL WITH AUTHORIZED USER

For Credit Union Use

MasterCard Acct. #

CL NP APP

 I'm applying for a credit limit of \$ _____
 Please set my limit based on my good credit history.

Member # (Share Savings Account #)

APPLICANT (Please print, Use Blue or Black Ink Only)

Name Last		First		Initial		Social Security No.		Date of Birth	
Street Address				City & State		Zip		How Long?	
No. of dependants including yourself		Home Phone		Previous Address				How Long?	
Present Employer				How Long?		Employer's Address			
Position				Gross Income \$ PER HR		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 No.		Date of Birth	
Street Address				City & State		Zip		How Long?	
Present Employer				How Long?		Employer's Address			
Position				Gross Income \$ PER HR		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

Share Draft/Checking Account No.		Financial Institution and Address			
Share Savings Account No.		Financial Institution and Address			
<input type="checkbox"/> Own/Buying	Mortgage Through/Landlord	Value	Balance	Payment	
<input type="checkbox"/> Rent					
Auto Loans Year and Model		Financial Institution	Balance	Payment	
List All Other Outstanding Financial Obligations (loans, charge cards, mortgages, contracts, etc.)					
Name and Address		Account Number	Balance	Payment	

Is this your total obligation? *If not, please attach a separate listing of additional debt*Have you ever filed for protection under bankruptcy? *If so, what month and year?***APPLICANT (Please print, Use Blue or Black Ink Only)**

PLEASE READ BEFORE SIGNING. This statement is submitted to obtain credit and I certify that all information herein is true and complete. I also authorize the Credit Union to conduct further investigation and obtain additional information concerning my credit reputation from all available sources from time to time. By using the card, applicant shall be deemed to have agreed to and accepted the terms and conditions of the Credit Card agreement, a copy of which will be mailed to applicant if this application is granted, receipt of such agreement and acceptance of such terms will be conclusively presumed by applicant's use of card.

Signature of Applicant

Date

Co-Applicant's Signature

Date

Apply for your UNI Credit Union MasterCard today!

Annual Percentage Rate(APR) for purchases	11.90%
Annual Percentage Rate(APR) for cash advances and balance transfers	11.90%
Grace Period for repayment	No finance charge if payment is received within 25 days of the billing on purchases. No grace period on cash advances.
Method of computing balance for purchase	Average daily balance method, including new purchases.
Minimum finance charge	\$0.50
Transaction fee for cash advances	2% of cash advances, minimum \$2, maximum \$18, ATM cash advances \$2 per transaction.
Transaction fee for purchases	NONE
Annual fees	NONE
Late payment fee	After 10 days \$15
Overlimit fee	\$15
Returned check fee	\$18

Apply for a UNI MasterCard now and take advantage of this unique opportunity to make balance transfers and have extra cash for the holidays.

The UNI Credit Union strives to provide its member-owners with fast, reliable service, convenient access, education about its services and the most cost-effective products and services in the area.