



APPLICATION



Check One:

- A joint account
- An individual account
- An individual with authorized user

For Credit Union Use Only

MasterCard Acct. #

CL

NP

APP

I am applying for a credit limit of \$ _____.

Please set my limited based on my good credit history.

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

CREDIT AND FINANCIAL REFERENCES

Share Draft/Check Account Number				Financial Institution and Address							
Share Savings Account Number				Financial Institution and Address							
<input type="checkbox"/> Own/Buying		Mortgage through/Landlord				Value		Balance		Payment	
<input type="checkbox"/> Renting											
Auto Loan 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	

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 Applicant

Date

Signature of Co-Applicant

Date

BENEFITS & ADVANTAGES

You get more with a UNI Credit Union MasterCard. Our card offers:

- Lower rates than most financial institutions
 - Same low rate for purchases, transfers or cash advances
 - Generous grace period on all your purchases
 - Buying power anywhere MasterCard is accepted
 - No annual fees
 - A 25-day grace period on purchases
 - Flexible repayment
 - Easy 24-hour ATM cash access
 - A low fixed interest rate
 - Personal member service

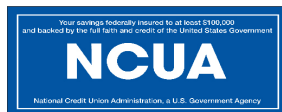


Mail: 802 West 29th Street, Cedar Falls, Iowa 50613

Email: memberservices@unicreditunion.org

Website: www.unicreditunion.org

Fax: 319-266-3761 **Phone:** 319-273-2479



PLACE
STAMP
HERE

UNI Credit Union
802 West 29th Street
Cedar Falls, Iowa 50613



APPLICATION



www.unicreditunion.org ♦ 319-273-2479