

		<input type="checkbox"/> Applicant <input type="checkbox"/> Co-Signer		Amount Requested \$	
		<input type="checkbox"/> Co-Applicant <input type="checkbox"/> Authorized User			
Account Number		<input type="checkbox"/> Vehicle <input type="checkbox"/> Revolving	<input type="checkbox"/> Personal (Explain) <input type="checkbox"/> Overdraft Protection	<input type="checkbox"/> Home Improvement <input type="checkbox"/> Consolidation	<input type="checkbox"/> Visa <input type="checkbox"/> Other
SSN		Date of Birth	Drivers License Number		Primary Phone Number
Name (First Middle Last)				Secondary Phone Number	
Address (Street, City, State, Zip)				Housing Cost	Years There
Previous Address (If less than 2 years at current address)			How Long?	Email address	
Nearest Relative not living with you (Name, Address, Phone)				Relationship	
Reference, not a relative (Name, Address, Phone)				Relationship	
Primary Source of Income/ Employer (Name, Phone, Position)			Gross Per Mo or Yr	Start Date	Income from alimony, child support, or separate maintenance need not be revealed if you do not wish to have it considered for repaying this obligation.
Other Sources of Income			Gross Per Mo or Yr	Start Date	
Previous Employer (If less than 2 years at current Employer)			How Long?		
Judgments Yes No		Bankruptcy Yes No		Foreclosure/Repo Yes No	
Party in a Lawsuit Yes No		US Citizen Yes No			
Child Support	Pmt	Creditor	Pmt Bal	Creditor	Pmt Bal
Alimony					
Accounts at Other Institutions? (Name, Type of Account)			Are you interested in credit insurance? <input type="checkbox"/> Single Credit Disability <input type="checkbox"/> Joint Credit Disability (Not for Visa) <input type="checkbox"/> Single Credit Life <input type="checkbox"/> Joint Credit Life <input type="checkbox"/> GAP(auto) <input type="checkbox"/> None		
Collateral (Year, Make, Model, Mileage, VIN, Options)					
VISA SPECIFIC					
COMPLETE THE FOLLOWING ONLY IF YOU RESIDE IN A COMMUNITY PROPERTY STATE (ARIZONA, CALIFORNIA, IDAHO, LOUISIANA, NEVADA, NEW MEXICO, TEXAS, WASHINGTON OR WISCONSIN): OR IF ANOTHER PERSON WILL BE JOINTLY LIABLE ON THE ACCOUNT. <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried					
CONSENT TO OVER-THE-CREDIT LIMIT COVERAGE Unless you tell us otherwise, we will decline any transaction that causes you to go over your credit limit. If you want us to authorize these transactions, you can request over-the-credit limit coverage. If you have over-the-credit limit coverage and you go over your credit limit, we will charge you a fee of \$28 and may increase your APRs to the Penalty APR of up to 13.9%. You will only pay one fee per billing cycle, even if you go over your limit multiple times in the same cycle. Even if you request over-the-credit limit coverage, in some cases we may still decline a transaction that would cause you to go over your credit limit, such as if you are past due or significantly over your credit limit. If you want over-the-limit coverage and to allow us to authorize transactions that go over your credit limit, please return the form to us at KALSEE Credit Union, P.O. Box 3006, Kalamazoo, MI 49003-3006.					
<input type="checkbox"/> I want over-the-limit coverage. I understand that if I go over my credit limit, I will be charged a fee of \$28.00 and my APRs may be increased. [I have the right to cancel this coverage at any time.] <input type="checkbox"/> I do NOT want over-the-credit limit coverage. I understand that transactions that exceed my credit limit will NOT be authorized.					
I certify that all information contained in this application is correct to the best of my knowledge and I have disclosed all outstanding obligations currently owed. I hereby give the Credit Union authorization to check on my credit; employment history; obtain a credit report; and to answer questions about my credit experience with you. I understand that it may be a federal crime punishable by fine or imprisonment or both to knowingly make any false statements concerning any of the above facts as applicable under the provisions of the United States Criminal Code. If this application is approved and a Visa card is issued, the undersigned applicant by signing, using or permitting another to use the Visa card agree that the applicant will be bound by the terms and conditions accompanying the Visa card and all amendments. My signature represents acknowledgement of receipt and agreement to the terms and conditions of the Visa Credit Card Agreement and Disclosure.					
Signature			Date	Comments	
For Credit Union Use Only		<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved			
<input type="checkbox"/> Credit Committee <input type="checkbox"/> Loan Officer	<input type="checkbox"/> Classic <input type="checkbox"/> Platinum	Amount Approved			
Approval Signature(s)		Date			