

# VISA . . . . . Credit Card Application



**Arizona HERITAGE Credit Union**  
 2402 W. Grant Street Phoenix, AZ 85009  
 Phone: 602.258.8669 FAX: 602.258.9559

Check Account Choice: (Only one)

- Individual Account** Complete Applicant section. Complete the Co-Applicant section as follows: (1) Information about your spouse if you live in a community property state (AZ, CA, ID, LA, NM, TX, WA, WI) or (2) If your spouse will use the Account.
- Joint Account** Provide information about both of you by completing Applicant and Co-Applicant sections.
- Credit Limit Increase**



MEMBER Account # \_\_\_\_\_ Credit Limit Requested \$ \_\_\_\_\_ Number of Cards \_\_\_\_\_

**APPLICANT INFORMATION**

NAME (Last - First - Initial) \_\_\_\_\_

DRIVER'S LICENSE NUMBER/STATE \_\_\_\_\_

BIRTH DATE \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

HOME PHONE ( ) \_\_\_\_\_ HOME E-MAIL ADDRESS \_\_\_\_\_

WORK PHONE/EXT. ( ) \_\_\_\_\_ WORK E-MAIL ADDRESS \_\_\_\_\_

PRESENT ADDRESS (Street - City - State - Zip) \_\_\_\_\_  OWN  RENT  
 YEARS AT THIS ADDRESS \_\_\_\_\_

PREVIOUS ADDRESS (Street - City - State - Zip) \_\_\_\_\_  OWN  RENT  
 YEARS AT THIS ADDRESS \_\_\_\_\_

**NAME AND ADDRESS OF EMPLOYER**  
 \_\_\_\_\_

POSITION \_\_\_\_\_ START DATE \_\_\_\_\_

GROSS MONTHLY INCOME  NET MONTHLY INCOME \$ \_\_\_\_\_

Other Source: \_\_\_\_\_ \$ \_\_\_\_\_ Per \_\_\_\_\_

Notice: Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered.

Mother's Maiden Name \_\_\_\_\_

Complete for joint credit, secured credit or if you live in a community property state:  
 MARRIED  SEPARATED  UNMARRIED (Single - Divorced - Widowed)

**CO-APPLICANT INFORMATION**

NAME (Last - First - Initial) \_\_\_\_\_

DRIVER'S LICENSE NUMBER/STATE \_\_\_\_\_

BIRTH DATE \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

HOME PHONE ( ) \_\_\_\_\_ HOME E-MAIL ADDRESS \_\_\_\_\_

WORK PHONE/EXT. ( ) \_\_\_\_\_ WORK E-MAIL ADDRESS \_\_\_\_\_

PRESENT ADDRESS (Street - City - State - Zip) \_\_\_\_\_  OWN  RENT  
 YEARS AT THIS ADDRESS \_\_\_\_\_

PREVIOUS ADDRESS (Street - City - State - Zip) \_\_\_\_\_  OWN  RENT  
 YEARS AT THIS ADDRESS \_\_\_\_\_

**NAME AND ADDRESS OF EMPLOYER**  
 \_\_\_\_\_

POSITION \_\_\_\_\_ START DATE \_\_\_\_\_

GROSS MONTHLY INCOME  NET MONTHLY INCOME \$ \_\_\_\_\_

Other Source: \_\_\_\_\_ \$ \_\_\_\_\_ Per \_\_\_\_\_

Notice: Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered.

Mother's Maiden Name \_\_\_\_\_

Complete for joint credit, secured credit or if you live in a community property state:  
 MARRIED  SEPARATED  UNMARRIED (Single - Divorced - Widowed)

**CREDIT INFORMATION**

BANK Name and Address \_\_\_\_\_ Checking Account Number/Name Listed \_\_\_\_\_ Savings Account Number/Name Listed \_\_\_\_\_

**DEBTS**

TYPE	CREDITOR Name and Address	NAME under which account is carried	Account Number	Balance	Monthly Payment
<input type="checkbox"/> HOME MORTGAGE				\$	\$
<input type="checkbox"/> RENT				\$	\$
				\$	\$
				\$	\$

Are you other than a U.S. Citizen?  Yes  No Have you ever filed bankruptcy  Yes  No Year filed \_\_\_\_\_

Are you a Co-maker on any other loan?  Yes  No If yes, Explain \_\_\_\_\_

Personal Reference \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**SIGN HERE - Both Signatures Required for Joint Credit**

**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 that 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 institution. I/We agree to be bound by the terms and conditions of the card agreement, a copy of which will be mailed to the applicant if this application is granted, receipt of such agreement and acceptance of such terms to be conclusively presumed by the applicant's use. If this is a joint application the undersigned shall be jointly and severally liable for any and all credit extended from time to time. **ACKNOWLEDGEMENT OF PLEDGE OF SHARES.** By requesting and receiving, signing and using, or permitting others to use a Visa issued to me by Arizona Holsum Credit Union, I agree, as cardholder to the terms of the Visa Credit Card Agreement and Disclosure Statement. I further acknowledge and agree that the Credit Card Agreement and Disclosure Statement contains the following provision:

SECURITY AGREEMENT, I agree that this Credit Card Account is secured by a pledge of all shares and deposits now or hereafter held by you, except funds held in an Individual Retirement Account or Keogh Plan. I authorize you to apply these shares and deposits to the payment of all sums due you in the event that I am in default.

This means that if I am in default under the terms of the Visa Credit Card program, you may exercise your rights as a secured party to apply any funds I have on deposit with you to satisfy the indebtedness. **NOTICE:** This acknowledgement must be signed by me and returned to the Credit Union.

**X** \_\_\_\_\_ Date \_\_\_\_\_  
 APPLICANT SIGNATURE

**X** \_\_\_\_\_ Date \_\_\_\_\_  
 CO-APPLICANT SIGNATURE

**TRANSFER OF BALANCE REQUEST**

Upon approval, I wish to transfer my present balance on the credit card account(s) listed below to my new credit card account.

VISA Account # \_\_\_\_\_

MasterCard Account # \_\_\_\_\_

Signature \_\_\_\_\_

Please send a copy of your last STATEMENT.  
*This information is required in order to process your request.*

**CREDIT DISCLOSURE** Information concerning the costs of the card described in this application is accurate as of 3/2000. Because rates and terms are subject to change, you may call or write to us for the current information at the number or address listed above.

Annual Percentage Rate for Purchases	<b>9.9%</b>
Annual Membership Fee	none
Grace Period for Purchases	25 Days
Method of Computing the Balance for Purchases	Average Daily Balance Including New Purchases

Other Fees

Late Payment Fee.....\$10.00  
 Over-the-Limit Fee .....\$15.00  
 Cash Advance Fee .....\$ 2.00

**2** REMEMBER to attach your 2 most recent PAY STUBS! **Be sure to fill out this application COMPLETELY so we can process it for you QUICKLY!**

FOR INTERNAL USE ONLY  Approved  Declined

Account # \_\_\_\_\_ Credit Limit \$ \_\_\_\_\_ Date Approved \_\_\_\_\_ Approved by \_\_\_\_\_