



# CREDIT CARD APPLICATION

Please print this form, fill it out and fax to:  
(724) 375-1938

## General Information

Will you be applying for individual or Joint Credit:  Joint  Individual

If applying for joint credit, please sign below to verify that you intend to apply for joint credit

Applicant: \_\_\_\_\_ Co-Applicant: \_\_\_\_\_

Marital Status: Complete marital status if this loan is for:

- a. Joint or secured credit, or
- b. You reside in or rely on property located in a Community Property State. (AZ, CA, ID, LA, NM, NV, TX, WA, WI)
- Unmarried
- Married
- Separated
- This loan is not for joint or secured credit and I do not live in the states listed above.

Type of Card Requested: \_\_\_\_\_

Number of Cards Requested: \_\_\_\_\_ Limit Requested: \_\_\_\_\_

## Primary Applicant

Last Name: \_\_\_\_\_ Member Number: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Social Security Number (TIN): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Number of Dependents: \_\_\_\_\_ Ages of Dependents: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Other Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Drivers License #: \_\_\_\_\_ Drivers License State: \_\_\_\_\_

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

### Home Address

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State, Zip: \_\_\_\_\_

Time at Current Residence: \_\_\_\_\_ Residence Type:  Rent  Own  Other

Monthly Payment: \_\_\_\_\_

### Previous Address

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State, Zip: \_\_\_\_\_

Time at Previous Residence: \_\_\_\_\_ Residence Type:  Rent  Own  Other

### Present Employer

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Employment Status:  Full Time  Part Time  Temp  Retired  Other (please specify): \_\_\_\_\_

Job Title: \_\_\_\_\_ Job Start Date: \_\_\_\_\_

Gross Salary: \_\_\_\_\_  per  Year  Month  Hour

Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.

Other Income: \_\_\_\_\_  per  Year  Month  Hour

Other Income Source: \_\_\_\_\_

### Previous Employer

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Employment Status:  Full Time  Part Time  Temp  Retired  Other (please specify): \_\_\_\_\_

Job Title: \_\_\_\_\_ Job Start Date: \_\_\_\_\_

Job End Date: \_\_\_\_\_

Gross Salary: \_\_\_\_\_  per  Year  Month  Hour

<b>Co-Applicant</b>	
Last Name:	Member Number:
First Name:	Middle Name:
Social Security Number (TIN):	Date of Birth:
Number of Dependents:	Ages of Dependents:
Home Phone Number:	Work Phone Number:
Other Phone Number:	Email Address:
Drivers License #:	Drivers License State:
<i>Home Address</i>	
Address 1:	
Address 2:	
City:	State, Zip:
Time at Current Residence:	Residence Type: <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other
Monthly Payment:	
<i>Previous Address</i>	
Address 1:	
Address 2:	
City:	State, Zip:
Time at Previous Residence:	Residence Type: <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other
<i>Present Employer</i>	
Name:	Phone Number:
Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp <input type="checkbox"/> Retired <input type="checkbox"/> Other (please specify):	
Job Title:	Job Start Date:
Gross Salary:	<input type="checkbox"/> per <input type="checkbox"/> Year <input type="checkbox"/> Month <input type="checkbox"/> Hour
Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.	
Other Income:	<input type="checkbox"/> per <input type="checkbox"/> Year <input type="checkbox"/> Month <input type="checkbox"/> Hour
Other Income Source:	
<i>Previous Employer</i>	
Name:	Phone Number:
Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp <input type="checkbox"/> Retired <input type="checkbox"/> Other (please specify):	
Job Title:	Job Start Date:
Job End Date:	
Gross Salary:	<input type="checkbox"/> per <input type="checkbox"/> Year <input type="checkbox"/> Month <input type="checkbox"/> Hour
<b>Additional Information</b>	
How would you prefer to be contacted? <input type="checkbox"/> Home Phone <input type="checkbox"/> Work Phone <input type="checkbox"/> Other Phone <input type="checkbox"/> Email Address <input type="checkbox"/> Other:	
Special Instructions/Comments:	
<b>Signatures</b>	
Income verification is required; other information may be required. I certify that statements on this application are true and complete. I authorize any person, association, firm or corporation to furnish, on request of this Financial Institution, information concerning me or my affairs.(Sec. 1014, Title 18, U.S. Code makes it a Federal Crime to knowingly make a false statement on this application.)	
Primary Signature:	Date:
Joint Owner Signature:	Date: