

VISA PLATINUM CREDIT APPLICATION

CREDIT LIMIT REQUESTED:

\$ _____

ACCOUNT TYPE:

Individual Joint

| APPLICANT | | | | | | |
|--|------------|------------|-----------------|---|--|------------------------|
| Last Name | | First Name | | Middle Name | Member Number | Social Security Number |
| Date of Birth | Home Phone | | Cell Phone | | Rent / Own / Other <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Monthly Payment \$ |
| Email | | | | | Mother's Maiden Name | |
| Current Address <i>Street, City, State, ZIP Code</i> | | | | | Number of Years at Residence | |
| Mailing Address (If different than above) <i>Street, City, State, ZIP Code</i> | | | | | | |
| Previous Address (If less than two years at current address) <i>Street, City, State, ZIP Code</i> | | | | | Number of Years at Residence | |
| Employer | | | Work Phone | Self-Employed <input type="checkbox"/> Yes <input type="checkbox"/> No | Date of Employment | |
| Employer Address <i>Street, City, State, ZIP Code</i> | | | | | Monthly Gross Income \$ | |
| Name of Previous Employer <i>(If employed less than two years)</i> | | | | | Number of Years at Job | |
| Address of Previous Employer <i>Street, City, State, ZIP Code</i> | | | | | | |
| Source of Additional Income <i>(Income from alimony, child support or separate maintenance not required if it is not to be considered in determining creditworthiness)</i> | | | | | Amount Received per Month \$ | |
| Nearest Relative <i>(Not living with you)</i> | | | Home/Cell Phone | | Relationship | |
| Nearest Relative Address <i>Street, City, State, ZIP Code</i> | | | | | | |
| CO-APPLICANT (Not Required for an Individual Account) | | | | | | |
| Last Name | | First Name | | Middle Name | Member Number | Social Security Number |
| Date of Birth | Home Phone | | Cell Phone | | Rent / Own / Other <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Monthly Payment \$ |
| Current Address <i>Street, City, State, ZIP Code</i> | | | | | Number of Years at Residence | |
| Mailing Address (If different than above) <i>Street, City, State, ZIP Code</i> | | | | | | |
| Previous Address (If less than two years at current address) <i>Street, City, State, ZIP Code</i> | | | | | Number of Years at Residence | |
| Employer | | | Work Phone | Self-Employed <input type="checkbox"/> Yes <input type="checkbox"/> No | Date of Employment | |
| Employer Address <i>Street, City, State, ZIP Code</i> | | | | | Monthly Gross Income \$ | |

CREDIT INFORMATION (Attach Additional Sheet if Necessary)

| | | | | | |
|--------------------------------------|--|-----------------|----------------|------------|--------------------|
| Home Mortgage/Rent Name | Address <i>Street, City, State, ZIP Code</i> | Name on Account | Account Number | Balance \$ | Monthly Payment \$ |
| Auto Loan Financial Institution Name | Address <i>Street, City, State, ZIP Code</i> | Name on Account | Account Number | Balance \$ | Monthly Payment \$ |
| Credit Card Company Name | Address <i>Street, City, State, ZIP Code</i> | Name on Account | Account Number | Balance \$ | Monthly Payment \$ |
| Other Name | Address <i>Street, City, State, ZIP Code</i> | Name on Account | Account Number | Balance \$ | Monthly Payment \$ |

CREDIT DISCLOSURES

| | |
|--|--|
| Annual Percentage Rate (APR) for Purchases | 8.75% APR Base Rate |
| Other APR's | Cash Advance and Balance Transfer APR 8.75% Base Rate |
| Grace Period for Repayment of Balances for Purchases | 25 Days |
| Method of Computing the Balance for Purchases | Average Daily Balance (Including New Purchases) |
| Annual Fees | None |
| Minimum Finance Charge | None |
| Transaction Fee for Cash Advances | None |
| Balance Transfer Fee | None |
| Late Payment Fee | \$30.00 if payment is not received within 5 days after due date* |
| Return Payment Fee | None |
| Over-the-Credit-Limit Fee | None |

*If the minimum required payment is not received within 5 days after the closing date subsequent to the payment due date, a late fee of \$30.00 will be imposed.

The information about the costs of the card described in this application is accurate as of November 2020. This information may have changed after that date. To find out what may have changed, write us at: 124 Louie Place, Lexington, KY 40511-2065.

SIGNATURES

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 cardholder 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.

| | | | |
|--------------------------------|------------|-----------------------------------|------------|
| X _____ Applicant Signature | _____ Date | X _____ Co-Applicant Signature | _____ Date |
|--------------------------------|------------|-----------------------------------|------------|

FOR CREDIT UNION USE

| | | | |
|----------------|---------------|-----------------|-------------|
| Account Number | Date Approved | Credit Limit \$ | Approved By |
| Credit Score | Credit Grade | Interest Rate | |