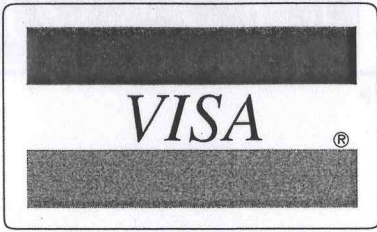


TO HELP US PROCESS YOUR APPLICATION PLEASE ATTACH:
 1) YOUR MOST RECENT PAYSTUB OR 2) YOUR MOST RECENT W-2 IF SELF EMPLOYED



Because of your unique status as a member of the
RAH FEDERAL CREDIT UNION

we proudly offer you this quick and easy
VISA CREDIT APPLICATION

INDIVIDUAL JOINT AUTHORIZED USER

JUST TELL US A LITTLE ABOUT YOURSELF - WE'LL DO THE REST

CO-APPLICANT NAME		DATE OF BIRTH	SAVINGS ACCOUNT NUMBER
ADDRESS		TELEPHONE	CREDIT LINE REQUESTED
CITY STATE ZIP		OWN HOME <input type="checkbox"/> RENT <input type="checkbox"/> MONTHLY PAYMENT \$ _____	YOUR GROSS ANNUAL INCOME
EMPLOYER		HOW LONG	OTHER INCOME - AMOUNT AND SOURCE
BUSINESS ADDRESS		TELEPHONE	SOCIAL SECURITY NUMBER
MOTHERS MAIDEN NAME	ARE THERE ANY OUTSTANDING JUDGEMENTS AGAINST YOU? YES <input type="checkbox"/> NO <input type="checkbox"/> AMOUNT \$ _____ IF YES, TO WHOM OWED?	HAVE YOU EVER HAD A CAR OR OTHER PERSONAL PROPERTY REPOSSESSED BY A DEALER OR FINANCE COMPANY, FILED BANKRUPTCY, OR BEEN PARTY TO A WAGE ASSIGNMENT OR COLLECTION, OR BEEN DENIED A LOAN BY THIS CREDIT UNION? IF YES <input type="checkbox"/> ENCLOSE A WRITTEN EXPLANATION	

CO-APPLICANT NAME		DATE OF BIRTH	SAVINGS ACCOUNT NUMBER
ADDRESS		TELEPHONE	RELATIONSHIP TO MEMBER
CITY STATE ZIP		OWN HOME <input type="checkbox"/> RENT <input type="checkbox"/> MONTHLY PAYMENT \$ _____	YOUR GROSS ANNUAL INCOME
EMPLOYER		HOW LONG	OTHER INCOME - AMOUNT AND SOURCE
BUSINESS ADDRESS		TELEPHONE	SOCIAL SECURITY NUMBER
MOTHERS MAIDEN NAME	ARE THERE ANY OUTSTANDING JUDGEMENTS AGAINST YOU? YES <input type="checkbox"/> NO <input type="checkbox"/> AMOUNT \$ _____ IF YES, TO WHOM OWED?	HAVE YOU EVER HAD A CAR OR OTHER PERSONAL PROPERTY REPOSSESSED BY A DEALER OR FINANCE COMPANY, FILED BANKRUPTCY, OR BEEN PARTY TO A WAGE ASSIGNMENT OR COLLECTION, OR BEEN DENIED A LOAN BY THIS CREDIT UNION? IF YES <input type="checkbox"/> ENCLOSE A WRITTEN EXPLANATION	

ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE NEED NOT BE REVEALED IF YOU DO NOT WISH TO HAVE IT CONSIDERED AS BASIS FOR REPAYING THIS OBLIGATION.

NAME OF NEAREST RELATIVE NOT LIVING WITH YOU	ADDRESS	CITY	STATE	ZIP	RELATIONSHIP
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AUTHORIZED USER	NAME OF AUTHORIZED USER (SPOUSE, CHILD, ETC.)	SOCIAL SECURITY NUMBER	NAMES TO BE SHOWN ON CARD
	NAME OF AUTHORIZED USER (SPOUSE, CHILD, ETC.)	SOCIAL SECURITY NUMBER	NAMES TO BE SHOWN ON CARD

A CONSUMER CREDIT REPORT MAY BE REQUESTED IN CONNECTION WITH THIS APPLICATION AND/OR ANY RENEWAL, UPDATES OR EXTENSIONS OF ANY NEW CREDIT GRANTED AS A RESULT OF THIS APPLICATION. IN ORDER THAT THE CREDIT UNION MAY MAKE THE FAIREST DECISION POSSIBLE ABOUT THE GRANTING OF CREDIT. IT MAY BE NECESSARY TO ASK FOR ADDITIONAL INFORMATION RELATIVE TO CURRENT DEBT BEFORE A CREDIT CARD CAN BE ISSUED. ONCE CREDIT IS GRANTED AND A CREDIT CARD IS ISSUED TO YOU AND YOU USE THE CARD OR AUTHORIZE THE USE OF THE CARD OR THE ACCOUNT NUMBER. YOU AGREE THAT USE OF THE CARD WILL CONSTITUTE YOUR AGREEMENT TO THE TERMS OF THE CARDHOLDER AGREEMENT AND NOTIFICATION OF YOUR BILLING RIGHTS AFFIXED TO THIS APPLICATION.

FOR CREDIT UNION USE ONLY	<input type="checkbox"/> APPROVED	CREDIT LIMIT	DATE
	<input type="checkbox"/> REJECTED	LOAN OFFICERS SIGNATURES BELOW	
VISA ACCOUNT NUMBER			

BY AFFIXING MY SIGNATURE TO THIS APPLICATION, I/WE PRESENT INFORMATION TRULY AND CORRECTLY TO THE BEST OF MY KNOWLEDGE AND FOR THE PURPOSE OF OBTAINING CREDIT FROM THE CREDIT UNION

APPLICANT - MEMBER	DATE
CO-APPLICANT - MEMBER	DATE

ISSUE CARDS AS FOLLOWS:

PRINT NAME _____

PRINT NAME _____

THANK YOU!

Thank you for choosing

• Detach and save you copy of the agreement
 • Mail or return this application to the credit union

ALL PARTIES APPLYING FOR CREDIT MUST SIGN ABOVE % UNSIGNED APPLICATIONS WILL NOT BE PROCESSED