

1100 Green Street Washington, PA 15301 (724) 229-0720 Fax: (724) 222-4458

## **VISA Credit Card Application**

APPLICATION INFORMATION					
Member Number:					
Will you be applying for Individual or J	oint Credit? Individual Joint - c	omplete the JOINT APPLICANT section	1		
Number of Cards Requested:		Credit Limit Requested: \$			
PRIMARY APPLICANT					
NAME		PRESENT ADDRESS			
DATE OF BIRTH	ACCOUNT NUMBER	CITY	STATE ZIP		
SOCIAL SECURITY NUMBER	DRIVER'S LICENCE NUMBER/STATE	OWN RENT	LENGTH AT RESIDENCE		
AGES OF DEPENDENTS	EMAIL ADDRESS	PREVIOUS ADDRESS			
HOME PHONE	WORK PHONE/EXT.	CITY	STATE ZIP		
Complete for joint credit, secured credit, or if you live in a community property state.  MARRIED SEPARATED UNMARRIED (Single, Divorced, Widowed)		OWN RENT	LENGTH AT RESIDENCE		
EMPLOYMENT INCOME					
NAME AND ADDRESS OF EMPLOYER					
TITLE/GRADE	START DATE	HOURS AT WORK	SUPERVISOR'S NAME OR SELF EMPLOYED		
NOTICE: Alimony, child support, or separate maint	enance income need not be revealed if you do not choo	se to have it considered.			
EMPLOYMENT INCOME		OTHER INCOME			
\$ PER NET GROSS PREVIOUS EMPLOYER NAME & ADDRESS IF EMPLOYED LESS THAN FIVE YEARS		\$ PER SOURCE			
PREVIOUS EMPLOTER NAME & ADDRESS IF EI	WPLOTED LESS THAN FIVE TEARS	STARTING DATE	ENDING DATE		
JOINT APPLICANT					
NAME		PRESENT ADDRESS			
DATE OF BIRTH	ACCOUNT NUMBER	CITY	STATE ZIP		
DATE OF BIRTH	ACCOUNT NOWIBER		SIAIL LI		
SOCIAL SECURITY NUMBER	DRIVER'S LICENCE NUMBER/STATE	OWN RENT	LENGTH AT RESIDENCE		
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NOTICE: Alimony, child support, or separate maint	enance income need not be revealed if you do not choo	l se to have it considered.			
EMPLOYMENT INCOME OTHER INCOME					
\$ PER NET GROSS		\$ PER	SOURCE		
PREVIOUS EMPLOYER NAME & ADDRESS IF EI	MPLOYED LESS THAN FIVE YEARS	STARTING DATE	ENDING DATE		



ESSOP CREDIT UNION 1100 Green Street Washington, PA 15301 (724) 229-0720 Fax: (724) 222-4458

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CU	RRENT DEBTS						
DEB.	Т	MONTHLY PAYMENT	DEBT	MONTHLY PAYMENT			
SIGNATURE(S)							
1.	1. You promise that everything you have stated in this application is correct to the best of your knowledge. If there are any important changes you will notify us in writing immediately. You authorize the Credit Union to obtain credit reports in connection with this application for credit and for any update, increase, renewal, extension, or collection of the credit received. You understand that the Credit Union will rely on the information in this application and your credit report to make its decision. If you request, the Credit Union will tell you the name and address of any credit bureau from which it received a credit report on you. It is a federal crime to willfully and deliberately provide incomplete or incorrect information on loan applications made to federal credit unions or state chartered credit unions insured by NCUA.						
2.	2. You understand that the use of your card will constitute acknowledgment of receipt and agreement to the terms of the credit card agreement and disclosures. You grant us a security interest in all individual and joint share and/or deposit accounts you have with us now and in the future to secure your credit card account. When you are in default, you authorize us to apply the balance in these accounts to any amounts due. Shares and deposits in an Individual Retirement Account, and any other account that would lose special tax treatment under state or federal law if given as security, are not subject to the security interest you have given in your shares and deposits.						
PRIMARY APPLICANT'S SIGNATURE			JOINT APPLICANT'S SIGNATURE				