

Please choose only one below:

- 
- Platinum Visa with ScoreCard Bonus Points
- 
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- Platinum Visa with Lowest Rate

**NOTICE TO OHIO RESIDENTS:** The Ohio law against discrimination requests that all creditors make credit equally available to all creditworthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.

Pledge of Accounts includes savings, checking and other accounts (excluding IRAs) under MEMBER NUMBER:

Applicant Name (Last - First - Middle)		Birth Date	Social Security Number	
Home Address		City, State, Zip		Resident How Long?
Payment Amount	<input type="checkbox"/> Rent <input type="checkbox"/> Mortgage	Home Phone	Cell/Other Phone	Work Phone
Employer Name & Address		Employed Here How Long?		Gross Monthly Income
Previous Employer		Employed Here How Long?		Reason For Leaving
Reference Name, Address & Phone				
Home Value		Auto Make & Year		Auto Make & Year
<i>You are not required to disclose income from alimony, child support or separate maintenance. If you want this income considered with this application, please complete the following:</i>		Payer	Amount	Years
Co-Applicant Name (Last - First - Middle), if applicable		Birth Date	Social Security Number	
Employer Name & Address		Employed Here How Long?		Gross Monthly Income
Previous Employer		Employed Here How Long?		Reason For Leaving

**PLEDGE OF ACCOUNTS:**

 As a condition of the approval of the credit card account, and by initialing below, you pledge to us and grant to us a security interest in all individual and joint accounts you have with us now and in the future to secure your credit card account and to act as collateral securing this loan and other loans that you have with us. You authorize us to apply the balance in these accounts to any amounts due under this Agreement and/or due upon any other loans if you should default. **Statutory Lien:** If you are in default upon a financial obligation to us, Federal law gives us the right to apply the balance of shares and dividends in your account at the time of default to satisfy that obligation. Once you are in default, we may exercise this right without further notice to you.


	Applicant	Co-Applicant
<b>PLEASE INITIAL THE FOLLOWING:</b>		

**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 that at the discretion of the Credit Union, the credit line or cash advance limit may be changed at any time. If so, I/we will be notified either by mail or through the billing statement. I/We agree to be bound by the terms and conditions of the bank 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. My signature below also authorizes any Transfer of Balance Request listed below.

X

Applicant Signature	Date
X	

Co-Applicant Signature (if applicable)

Date

 **YES!** I wish to enroll in the optional insurance program designed to protect my account in the event of death, disability, Family Leave Act, or involuntary unemployment at a cost of no more than \$0.87 per \$100 of my monthly outstanding balance. I understand that enrollment is voluntary and I am free to cancel at any time.

Initial here to enroll	<input type="text"/>
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**TRANSFER OF BALANCE REQUEST**

Upon approval, I wish to transfer my present balance on the credit card account(s) listed below to my Glass City Platinum Visa account. Please provide copies of account statements, if possible. Additional transfers may be submitted on a separate piece of paper.

Name of Bank/Store/Other	Payment Address/City/State/Zip
Account Number	Amount to be transferred
Name of Bank/Store/Other	Payment Address/City/State/Zip
Account Number	Amount to be transferred

**FOR INTERNAL USE ONLY**

Visa Account Number		Date Approved	Date Denied
Rate	Credit Line	Approved By	Reasons
Card Type			<input type="checkbox"/> Approval Letter Sent <input type="checkbox"/> RB Pricing Notice