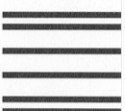


**PLATINUM
VISA
APPLICATION**



BUSINESS REPLY MAIL

FIRST CLASS MAIL PERMIT NO. 895 MAUMEE, OH

POSTAGE WILL BE PAID BY ADDRESSEE

GLASS CITY FEDERAL CREDIT UNION
1340 ARROWHEAD DR
MAUMEE OH 43537-8889



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



FOR INTERNAL USE ONLY

Visa Account Number		Date Approved	Date Denied
Rate	Credit Line	Approved By	Reasons
Card Type			

Glass City Federal Credit Union Platinum Visa

You choose! Either the

- **Lowest Rate Platinum Visa**, or the
- **ScoreCard Bonus Points Platinum Visa**

Apply for a Glass City Platinum Visa today by completing the application on the opposite page.

Then, detach the application, fold it with the "Business Reply" side facing out, tape it closed, and mail it to Glass City Federal.

Or, drop it off at any Glass City Federal branch. For locations, visit www.glasscityfcu.com.

Glass City Platinum Visa

	Lowest Rate Visa	ScoreCard Bonus Points Visa
No Annual Fee	ü	ü
25-Day Grace Period (on purchases)	ü	ü
Auto Rental Insurance	ü	ü
Travel Accident Insurance (up to \$500,000)	ü	ü
Warranty Services (including extended warranty agreements & warranty registration)	ü	ü
Travel & Emergency Services (including lost luggage locator, emergency pet housing, travel agent services, prescription assistance, and many MORE!)	ü	ü
Optional life, disability, loss of job, Family Leave Act insurance	ü	ü
ScoreCard Bonus Points www.scorecardrewards.com		ü
Lowest Platinum Visa Rate Available	ü	

All enhancements are not available on all cards and are determined by credit score.

Learn more about the Glass City Platinum Visa at www.glasscityfcu.com.

Manage your Glass City Platinum Visa account at www.ezcardinfo.com.

Member must maintain a \$25 minimum balance in the Primary Share Account (\$1) to apply for a Glass City Platinum Visa. A security interest in the member's account(s) is a condition of this agreement. Application information must be completed in full. Should I/we not qualify for the lowest available rate, a rate based on my/our credit score will be applied. All Platinum Visa rates are based on credit score.

Please choose only one below:

- YES! I want the ScoreCard Bonus Points Platinum Visa
- YES! I want the Lowest Rate Platinum Visa

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

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.

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
PLEASE INITIAL THE FOLLOWING:		

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

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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.)

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

(Additional transfers may be submitted on a separate piece of paper.)