



P.O Box 1586  
 Jefferson City, MO 65102  
 (573) 634-2595

# CREDIT LINE ACCOUNT APPLICATION

ACCOUNT NUMBER
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## Applicant Information

PRINT OR TYPE ALL INFORMATION

1. If You are applying for joint credit with Your Spouse/Co-Applicant, are relying on Your Spouse's income as a source of repayment for the credit requested or if You live in a community property state: (AZ, CA, ID, LA, NM, NV, TX, WA, WI) or Puerto Rico, complete the Spouse/Co-Applicant section and the following:

- Married     Separated     Unmarried (Includes Single, Divorced, and Widowed)

2. Married applicants can apply for individual credit. Indicate if You would like:  
 Individual Credit     Joint Credit with Your Spouse/Co-Applicant

### 3. Method of Payment:

- Payroll Deduction     Automatic Share Transfer     Cash Payment

### Definitions:

Whenever used in this application, the words "You" and "Your" refer to the Applicant(s) or Spouse/Co-Applicant and the words "We," "Us," and "Our" refer to the Lender.

## Open-End Credit Applied For:

- VISA Classic - Limit Desired \$ \_\_\_\_\_  
 VISA Platinum - Limit Desired \$ \_\_\_\_\_  
 Personal Line of Credit - Limit Desired \$ \_\_\_\_\_  
 Personal Overdraft - Limit Desired \$ \_\_\_\_\_

## Closed-End Credit Applied For:

Type: \_\_\_\_\_  
 Amount Requested \$ \_\_\_\_\_ Length of Repayment Mos. \_\_\_\_\_  
 Purpose \_\_\_\_\_  
 Collateral Offered \_\_\_\_\_

If You are applying for a Credit Card, please refer to the second page for important rate, fee and cost information.

## APPLICANT

FIRST NAME	INITIAL	LAST NAME	JR./SR.
SOCIAL SECURITY NUMBER		DATE OF BIRTH (MM/DD/YY)	
STREET ADDRESS			APT. NO.
CITY		STATE	ZIP
AREA CODE AND HOME TELEPHONE NUMBER		CELL PHONE NUMBER	
E-MAIL ADDRESS			
<input type="checkbox"/> OWN <input type="checkbox"/> RELATIVE	<input type="checkbox"/> RENT <input type="checkbox"/> OTHER	HOW LONG AT ADDRESS? YRS.      M	MO. RENT OR MORTGAGE PMT.
PERSONAL REFERENCES (NOT LIVING WITH YOU) NAME AND TELEPHONE NUMBER			

## SPOUSE    CO-APPLICANT    CO-SIGNER

FIRST NAME	INITIAL	LAST NAME	JR./SR.
SOCIAL SECURITY NUMBER		DATE OF BIRTH (MM/DD/YY)	
STREET ADDRESS			APT. NO.
CITY		STATE	ZIP
AREA CODE AND HOME TELEPHONE NUMBER		CELL PHONE NUMBER	
E-MAIL ADDRESS			
<input type="checkbox"/> OWN <input type="checkbox"/> RELATIVE	<input type="checkbox"/> RENT <input type="checkbox"/> OTHER	HOW LONG AT ADDRESS? YRS.      M	MO. RENT OR MORTGAGE PMT.
PERSONAL REFERENCES (NOT LIVING WITH YOU) NAME AND TELEPHONE NUMBER			

## EMPLOYMENT AND INCOME

If self-employed, attach prior 2 years Federal income tax returns or retirement income verification.  
 \* You need not list income from alimony, child support, or separate maintenance payments unless You want it considered in evaluating this credit application.

NAME OF CURRENT EMPLOYER OR BUSINESS			
CURRENT JOB TITLE OR OCCUPATION			MONTHLY SALARY
STREET ADDRESS			
CITY		STATE	ZIP
AREA CODE AND EMPLOYER'S TELEPHONE NUMBER		HOW LONG WITH CURRENT EMP.? YRS.      M	
DESCRIPTION OF ANY OTHER INCOME			MONTHLY AMOUNT

NAME OF CURRENT EMPLOYER OR BUSINESS			
CURRENT JOB TITLE OR OCCUPATION			MONTHLY SALARY
STREET ADDRESS			
CITY		STATE	ZIP
AREA CODE AND EMPLOYER'S TELEPHONE NUMBER		HOW LONG WITH CURRENT EMP.? YRS.      M	
DESCRIPTION OF ANY OTHER INCOME			MONTHLY AMOUNT

## OPTIONAL CREDIT INSURANCE

An appropriate application/disclosure will be furnished at the time Your credit is approved.

PLEASE CHECK ONE OF THE BOXES BELOW.

You are interested in Credit Insurance coverage

You are not interested in Credit Insurance coverage

## SIGNATURES

You warrant the truth of the above information and You realize that it will be relied upon by Us in deciding whether or not to grant the credit applied for. You hereby authorize Us, Our employees and agents to investigate and verify any information provided to Us by You. If this application is for any Feature Category contained in Our Credit Line Account Program, You agree and understand that if approved, You are contractually liable according to the applicable terms of the Credit Line Account Agreement and Disclosure. You will receive a copy of that Agreement no later than the time of Your first credit advance and You promise to pay all amounts charged to your Account according to its terms. If this is a joint application, You agree that such liability is joint and several. You authorize Us to accept Your facsimile signatures on this application and agree that Your facsimile signature will have the same legal force and effects as Your original signature. You assume any risk that may be associated with permitting Us to accept Your facsimile signature. **If You are issued a Credit Card, ATM card, or debit card, You grant and consent to a lien on Your shares with Us (except IRA and Keogh accounts) and any dividends due or to become due to You from Us to the extent You owe on any unpaid Credit Card balance or Overdraft Protection balance created through the use of Your ATM card or debit card.**

You hereby acknowledge Your intent to apply for joint credit \_\_\_\_\_

Applicant's Initials      Co-Applicant's Initials

APPLICANT SIGNATURE	DATE	SPOUSE/CO-APPLICANT/CO-SIGNER SIGNATURE	DATE
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**Important Credit Card Disclosure.** The following disclosure represents important details concerning Your Credit Card. The information about costs of the Card are accurate as of \_\_\_\_\_. You can call or write Us at the telephone number or address shown herein to inquire if any changes have occurred since the effective date.

### Interest Rate and Interest Charges

<b>Annual Percentage Rate (APR) For Purchases</b>	VISA Classic: _____%	VISA Platinum: _____%
<b>Annual Percentage Rate (APR) For Balance Transfers</b>	VISA Classic: _____%	VISA Platinum: _____%
<b>Annual Percentage Rate (APR) For Cash Advances</b>	VISA Classic: _____%	VISA Platinum: _____%
<b>How to Avoid Paying Interest on Purchases</b>	We will not charge You interest on purchases if You pay Your entire balance owed each month within 25 days of Your statement closing date.	
<b>For Credit Card Tips from the Consumer Financial Protection Bureau</b>	<b>To learn more about factors to consider when applying for or using a Credit Card, visit the website of the Consumer Financial Protection Bureau at <a href="http://www.consumerfinance.gov/learnmore">http://www.consumerfinance.gov/learnmore</a>.</b>	

### Fees

<b>Transaction Fees</b>	
<ul style="list-style-type: none"> <li>Foreign Transaction</li> </ul>	<b>1.00%</b> of each foreign transaction in U.S. Dollars. <b>0.80%</b> of each U.S. Dollar transaction that occurs in a foreign country.
<b>Penalty Fees</b>	
<ul style="list-style-type: none"> <li>Returned Payment</li> <li>Late Payment</li> </ul>	Up to <b>\$25.00</b> Up to <b>\$25.00</b>

**How We Will Calculate Your Balance:** We use a method called "average daily balance (including new purchases)." See Your Account Agreement for details.