

VISA CARD APPLICATION

MAIL APPLICATION TO P.O. BOX 51700, LIVONIA MI 48151 OR FAX TO 734.466.6148



This credit application is for a (an): <input type="checkbox"/> Individual Account <input type="checkbox"/> Joint Account		Please choose one card: <input type="checkbox"/> Classic Variable <input type="checkbox"/> Classic Fixed <input type="checkbox"/> Platinum Variable <input type="checkbox"/> Platinum Fixed			
Co-op Service Account Number		Credit Limit Desired	Number of Cards Desired <input type="checkbox"/> 1 <input type="checkbox"/> 2		

Applicant Information

Name (Last, First Middle)		Social Security Number		Date of Birth
Home Address (Street & Number)		Driver's Lic No.		Phone
City/State/Zip		County	How Long?	No. Dependents
Previous Address (if less than 6 yrs at current address)		City/State/Zip		
Employer		Job Title	How Long?	Employer Phone No.
Business Address		Gross Monthly Income	Net Income	
City/State/Zip		\$ _____	\$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly	
Name of Nearest Relative not living with you		Previous Employer		How Long
Address		Phone	Relationship	
Other Income (See Additional Information Below)		Describe Source of Income		

Co-Applicant

Name (Last, First Middle)		Social Security Number		Date of Birth
Home Address (Street & Number)		Driver's Lic No.		Phone
City/State/Zip		How Long?	No. Dependents	Relationship to Applicant
Previous Address (if less than 6 yrs at current address)		City/State/Zip		
Employer		Job Title	How Long?	Employer Phone No.
Business Address		Gross Monthly Income	Net Income	
City/State/Zip		\$ _____	\$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly	
Name of Nearest Relative not living with you		Previous Employer		How Long
Address		Phone	Relationship	
Other Income (See Additional Information Below)		Describe Source of Income		

Additional Information

You are not required to disclose income from alimony, child support or maintenance payments; however, if you are relying on income from alimony, child support or maintenance payments as a basis for repayment of this obligation, please complete below.

Applicant Co-Applicant

Alimony \$ _____ per month Child Support \$ _____ per month Maintenance \$ _____ per month

Name of Mortgage Holder/Landlord _____ Account Number _____

Monthly Mortgage/Rent \$ _____ Purchase Price \$ _____ Present Value \$ _____ Balance Owing \$ _____

Are you a Co-maker on any other loans Yes No Have you ever taken Bankruptcy Yes No

How Much? \$ _____ For Whom? _____ Have you any legal proceedings against you? Yes No

I/We hereby apply for a VISA Credit Card and line-of-credit loan with automated teller machine access. I/We represent that I/we are members of Co-op Services Credit Union. I/We understand that if the Credit Union approves this application, it will send me/us the Agreements governing this loan amount and automated teller machine access. I/We agree to read them carefully and understand that I/we will be bound by all the terms and conditions if I/we use any card issued pursuant to this application. I/we understand that no card will be issued in the name of a person who is not a member of the Credit Union. Please issue a separate Visa Credit Card embossed with each name printed above, and personal identification numbers.

Applicant's Signature _____ Date _____

Co-Applicant's Signature _____ Date _____

FOR CREDIT UNION USE ONLY	Credit Limit \$ _____	<input type="checkbox"/> Approved	Credit Committee or Loan Officer _____
Member Credit Union Account Number _____		<input type="checkbox"/> Denied	_____
Visa Account Number _____		Date _____	_____

VISA DISCLOSURE



Annual Percentage Rate (APR for Purchases)	7.75% Platinum Variable 9.90% Platinum Fixed 9.00% Classic Variable 11.90% Classic Fixed
Other APRs	
Balance Transfer APR	7.75% Platinum Variable 9.90% Platinum Fixed 9.00% Classic Variable 11.90% Classic Fixed
Cash Advance APR	7.75% Platinum Variable 9.90% Platinum Fixed 9.00% Classic Variable 11.90% Classic Fixed
Penalty Rate	18.00% Platinum Variable and Fixed / Classic Variable and Fixed (See Explanation Below*)
Variable Rate information based on Wall Street Journal prime rate	Your APYs may vary. The rate for Purchases, Balance Transfers and Cash Advances are determined monthly by adding Prime + 4.50% for Platinum cards and Prime + 5.75% for Classic cards.
Grace period for repayment	At least 25 days if previous total balance is paid in full by the payment date
Method of computing the balance for purchases	Average Daily Balance (including new purchases)
Annual fee	None
Minimum finance charge	None
Transaction fee for purchases	None
Transaction fee for ATM advances	\$2.00
Return check fee	\$25.00
Late payment fee	\$25.00
Over Limit fee	\$25.00

* Penalty Rate - If either of the following two situations occurs:

- (a) your Account is 30 days past due on two separate occasions in a rolling six month period; or
- (b) your Account is 60 days past due;

We may impose a higher monthly Periodic Rate and corresponding Annual Percentage Rate (a "Penalty Rate") to all outstanding balances in your Account. The Penalty Rate is a monthly Periodic Rate of 1.50% with a corresponding Annual Percentage Rate of 18.00%. The Penalty Rate will take effect on the first day of the Billing Cycle and will apply to all of your outstanding and any new Purchase and Cash Advance balances. Interest rate changes will be reflected on your periodic statement.

You understand that the terms of your account, including APRs, are subject to change. This means that the APRs for this offer are not guaranteed; APRs may change to higher APRs or fixed APRs may change to variable APRs. Any changes will be in accordance with your Cardholder Agreement.

The "Index" is the "Prime Rate" of interest appearing in the Money Rate section of The Wall Street Journal published on the last business day preceding the 16th day of each month.

You understand that if based upon our review you do not qualify for the Platinum Card, you will be considered for the Classic card with the same Terms and Conditions.

The information listed above is correct as of 7/23/10 and is subject to change at any time without prior notice. To receive the most recent information, please contact Co-op Services Credit Union at 800.321.8570 or write to Co-op Services Credit Union, PO Box 51700, Livonia, Michigan 48151-5700.