



CREDIT APPLICATION

Check account Choice:

Individual Account

Joint Account

Credit Limit Requested:

(Signature required for joint application)

(see co-applicant and signatures section)

\$ _____

Visa®

Credit Line increase

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT: To help the government fight the funding of terrorism and money laundering activities, Federal laws require all financial institutions to obtain, verify and record information that identifies each person who opens an Account. What this means to you: when you open an Account, we will ask for your names, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

APPLICANT	Last Name		First	Middle	Social Security Number			
	Date of Birth	No. of Dependents	Home Phone ()	Cell Phone ()	Own <input type="checkbox"/>	Rent <input type="checkbox"/>	Other <input type="checkbox"/>	Monthly Payment \$
	Current Address		City	State	Zip Code		How long (yrs)	
	Mailing Address (If different from above)		City	State	Zip Code		How long (yrs)	
	Previous Address (If less than 2 years at present address)		City	State	Zip Code		How long (yrs)	
	Employer	Self Employed <input type="checkbox"/> Yes <input type="checkbox"/> No		Work Phone ()		Date Employed		
	Address		Position/Occupation			Monthly Gross Income \$		
	Name and Address of Previous Employer (if less than 2 years at present employer)							How long (yrs)
	Source of Additional Income: Income from alimony, child support or separate maintenance need not be revealed if it is not considered in determining creditworthiness							Amount per Month \$
	Nearest Relative (Not Living With You)				Home Phone ()		Relationship	
CO-APPLICANT	Last Name		First	Middle	Social Security Number			
	Date of Birth	No. of Dependents	Home Phone ()	Cell Phone ()	Own <input type="checkbox"/>	Rent <input type="checkbox"/>	Other <input type="checkbox"/>	Monthly Payment \$
	Current Address		City	State	Zip Code		How long (yrs)	
	Mailing Address (If different from above)		City	State	Zip Code		How long (yrs)	
	Previous Address (If less than 2 years at present address)		City	State	Zip Code		How long (yrs)	
	Employer	Self Employed <input type="checkbox"/> Yes <input type="checkbox"/> No		Work Phone ()		Date Employed		
	Address		Position/Occupation			Monthly Gross Income \$		
	Name and Address of Previous Employer (if less than 2 years at present employer)							How long (yrs)
	Source of Additional Income: Income from alimony, child support or separate maintenance need not be revealed if it is not considered in determining creditworthiness							Amount per Month \$
	Nearest Relative (Not Living With You)				Home Phone ()		Relationship	
CREDIT INFO	Name and Address of Creditor		Name under Which Account is Carried		Account Number	Balance	Monthly Payment	
	1. Home Mortgage/Rent							
	2. Bank Credit Card/Bank Name and Address							
SIGNATURES	<p>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 to be bound by the terms and conditions of the cardholder 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 you intend to apply for joint credit, the undersigned shall be jointly and severally liable for any and all credit extended from time to time. We may report information about your account to the credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.</p>							
	X _____		Date		X _____		Date	
Applicant Signature				Co-Applicant Signature				

***If you are transferring a balance onto your new credit card, please fill out the balance transfer form.

FOR INTERNAL USE ONLY	Visa Account No.	Credit Line
	Date Approved	Approved By



L.C.E. Federal Credit Union

77 North Saint Clair Street
Painesville, Ohio 44077
(888) 357-2560 • (440) 357-2560
Fax: (440) 357-2779 • www.lcefcu.org



VISA CLASSIC

APPLICATION AND SOLICITATION DISCLOSURE

Interest Rates and Interest Charges	
Annual Percentage Rate (APR) for Purchases	10.75%
APR for Cash Advances	10.75%
APR for Balance Transfers	10.75%
How to Avoid Paying Interest on Purchases	Your due date is at least 25 days after the close of each billing cycle. We do not charge you interest on purchases if you pay your entire balance by the due date each month.
For Credit Card tips from the Consumer Financial Protection Bureau	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 http://www.consumerfinance.gov/learnmore
Fees	
Set-up and Maintenance Fees - Additional Card Fee - Application Fee	None None
Transaction Fees - Foreign Transaction Fee	None
Penalty Fees - Late Payment fee - Returned Payment Fee	Up to \$10.00 Up to \$10.00

How We Will Calculate Your Balance. We use a method called “average daily balance (excluding new purchases).”

OTHER DISCLOSURES

Late Payment Fee	\$10.00 or the amount of the required minimum payment, whichever is less, if you are one (1) or more days late in making a payment.
Returned Payment Fee	\$10.00 or the amount of the required minimum payment, whichever is less.
Statement Copy Fee	\$10.00
Document copy Fee	\$10.00
Card Replacement Fee	\$10.00