



Member's Name \_\_\_\_\_ Account Number \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone No. \_\_\_\_\_ Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

Co-Borrower's Name \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone No. \_\_\_\_\_ Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

This statement is submitted to obtain credit and I/we certify that all information herein is true and complete. I/we agree that inquires may be made to verify information and that credit references or verification may be given based on inquires from other parties. This offer is subject to the credit policy of this institution. 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.

**I have read the terms and pricing disclosures attached to this agreement. I/We indicate my/our agreement with each of the terms and conditions. I/We understand that I will be bound by each of the terms of the Credit Card Agreement and Disclosure. By signing an application, acceptance or authorized use of any credit card(s) issued, I/We pledge our shares as defined by our Membership Agreement to secure payment of my/our obligations on this account. I/We understand that collateral securing other loans will secure this account; and that property purchased with my/our credit card(s) will also secure this account.**

*YES, please issue my/our visa credit card WITH Scorecard Rewards.* \_\_\_\_\_ *NO, please issue my/our visa credit card WITHOUT Scorecard rewards.* \_\_\_\_\_  
*Initial* \_\_\_\_\_ *Initial* \_\_\_\_\_

APPLICANTS SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ CO-APPLICANTS SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**TRANSFER BALANCE REQUEST**

Upon approval, I/we wish to transfer my present balance on the credit card account(s) listed below to my new credit card account.

**Please enclose a copy of your most recent statement**

**VISA AUTHORIZED USER**

Please issue an additional credit card on my/our Visa Credit Card on this account. I/We understand that this person is an authorized user on this account only and maintains no contractual responsibility for it. I/We agree from this date forward to honor and pay any transactions performed by the authorized user on my/our account and will not hold them or Inland Valley Federal Credit Union responsible. Both parties are aware that the Credit Card is the property of Inland Valley Federal Credit Union and agree to surrender it at the request of either the Credit Union or the account holder(s).

Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Authorized User:**

Printed Name \_\_\_\_\_ Authorized User's Signature \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

**CHARGE GARD INSURANCE**

**YES!** Please enroll me in the Chargegard Insurance Plan providing coverage as described. I understand it is not required to obtain credit and will not be provided unless I sign and agree to pay the additional cost disclosed. Coverages, benefits, exclusions and rates vary by state. Please refer to your certificate for details.

Member's Signature \_\_\_\_\_ Date \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Co-Borrower's Signature \_\_\_\_\_ Date \_\_\_\_\_ Date of Birth \_\_\_\_\_

**FOR CREDIT UNION USE ONLY**

Date Approved	Credit Limit	Loan Officers Signature	Visa Number
Date Declined	Interest Rate	Loan Officers Signature	GM <input type="checkbox"/> Bal Trfr <input type="checkbox"/>

