



CREDIT APPLICATION

Credit Limit Requested \$ _____

Account Choices: Individual Account
 Joint Account
 Credit Line Increase
(Mark One) (see co-applicant and signatures section)
(Signature required for joint applicant)
**Denotes mandatory field for verification purposes*

Simple Visa®

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 name, 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 <small>Note: All applicable sections should be filled out completely to avoid any delay in processing your application.</small>	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 \$					
	E-mail Address*		Mother's Maiden Name*		Security Questions: High School Mascot*		City Where You Were Born*			
	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 <small>Intended for joint applicant. This information is not required for an individual account.</small>	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		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 \$					

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>			
	<p>X _____ Applicant Signature Date</p>		<p>X _____ Co-Applicant Signature Date</p>	

TRANSFER OF BALANCE REQUEST	Upon approval, I wish to transfer my present balance on the credit card account(s) listed below to my new credit card account.	
	Credit Card Company Name _____	Credit Card Account Number _____
	Amount to be transferred \$ _____	Signature _____

Interest Rates and Interest Charges	Simple Visa®
Annual Percentage Rate (APR) for Purchases	0% Introductory APR for 5 months. After that your APR will be variable 10.25% to 14.25% - Based on creditworthiness; APR will vary with the market based on Prime Rate*
APR for Balance Transfers	0% Introductory APR for 5 months. After that your APR will be variable 10.25% to 14.25% - Based on creditworthiness; APR will vary with the market based on Prime Rate*
APR for Cash Advances	10.25% to 14.25% - Based on creditworthiness; APR will vary with the market based on Prime Rate*
Penalty APR and When it Applies	24.00% - This APR may be applied to your account if you: 1) Make a late payment (60 days late, 1 time); 2) Do any of the above on another account that you have with us. How Long Will the Penalty APR Apply?: If your APRs are increased for any of these reasons, the Penalty APR will apply until you make six consecutive minimum payments when due.
How to Avoid Paying Interest	Your due date is at least 25 days after the close of each billing cycle. We will not charge you interest on retail purchases and balance transfers if you pay your entire balance by the due date.
Minimum Interest Charge	If you are charged interest, the charge will be no less than \$0.50
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 web site of the Consumer Financial Protection Bureau at http://www.consumerfinance.gov/learnmore .
Fees	
Annual Fee	None
Transaction Fees <ul style="list-style-type: none"> • Balance Transfer • Cash Advances • Foreign Transaction 	3.0% of the amount advanced with a minimum of \$5.00 and a maximum of \$40.00 4.0% of the amount advanced with a minimum of \$5.00 and a maximum of \$40.00 Fees charged by merchant are paid by customer
Penalty Fees <ul style="list-style-type: none"> • Late Payment • Over-the-Credit-Limit • Returned Payment • Convenience Check Return 	Up to \$27.00 None Up to \$27.00 Up to \$35.00
Other Fees Rush Card Fee - \$35.00 Statement Reprint Fee - \$5.00 On-Demand ACH Fee - \$5.00	
<p>*The Prime Rate used to determine your APR is the rate published in the Wall Street Journal on the last business day of the prior month. Loss of Introductory APR: We may end your introductory APR and apply the Penalty APR if you make a late payment or if you are 60 days late one time on any of your accounts with us. How We Will Calculate Your Balance: We use a method called “average daily balance” (including new purchases). *An explanation of this method is provided in your account agreement. Billing Rights: Information on your rights to dispute transactions and how to exercise those rights is provided in your account agreement. The information about the costs of the cards described above is accurate as of October 2020 and is subject to change. To receive the most up to date information, write us at Forcht Bank, NA, Credit Card division, PO Box 55250, Lexington, KY 40555. OH Residents: The Ohio laws against discrimination require 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. To receive the most up to date information, write us at Forcht Bank, NA, Credit Card division, PO Box 55250, Lexington, KY 40555.</p>	