

CREDIT CARD APPLICATION

diablo valley federal cro	edit union			•										
1051A Detroit Avenue, Concord, CA 94518 (800) 375-6077• Fax: (925) 771-5601				JNT NUMBER – APPLICA	NT	ACCOUNT N	IUMBER – CO	Г	DA	ΛΤΕ				
Applicant Information	PRINT OR TY	PE ALL INFOR		1	Spouse/Co-Applicant Information									
1. If You live in a community prop	erty state, are Y	ou:		 Complete Spouse/Co-Applicant Information only if: a. This is for joint credit with Your Spouse or other Co-Applicant; 										
Married Separated	Unmarried (In	cludes Single,	ed and Widowed)	b. Your Spouse will use Your Account;										
2. Married applicants can apply fo	ıld like:	c. You are relying on Your Spouse's income as a source of repayment for the credit requested; or d. You live in a community property state: Arizona, California, Idaho, Louisiana, Nevada,												
Individual Credit Joint Ci		New Mexico, 1					J, LOUIS	iana, nevaua,						
3. Method of Payment: Deayroll De	eduction 🛛 Au	utomatic Share	Cash Payment	6. Definitions:										
4. Frequency of Payment:	eekly 🔲 Bi-We	eekly 🗌 Sem	ly 🔲 Monthly	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.										
Credit Card Applied For:														
Amount Requested \$														
There are costs associated with the use of any Credit Card issued to You by Us. You may request specific information about these costs by contacting Us by telephone at (800) 375-6077, or by writing Us at 1051A Detroit Avenue, Concord, CA 94518.														
APPLICANT OR CO-S	IGNER			SPOUSE/CO-APPLICANT										
FIRST NAME INITIAL LAST NAME					FIRST NAME INITIAL LAST NAME									
SOCIAL SECURITY NUMBER			BIRTHD	DATE	SOCIAL SECURITY NUMBER BIRTHDATE						DATE			
CURRENT STREET ADDRESS APT. NO.			YEARS	THERE	CURRENT STREET A	DDRESS			APT. NO.	YEARS THERE				
CITY	CITY STATE				CITY			STATE	ZIP					
EMAIL ADDRESS					EMAIL ADDRESS									
FORMER ADDRESS (COMPLETE IF CURRE	NT ADDRESS IS LES	SS THAN 3 YEARS	5)	YEARS THERE		(COMPLETE IF C	URRENT ADDR	ESS IS LESS T	HAN 3 YEARS)	YEARS THERE			
DO YOU: HOME TELEPHONE NO.				AGES OF DEPENDENTS	DO YOU: HC			DME TELEPHONE NO. O			AGES OF DEPENDENTS			
NAME, ADDRESS AND TELEPHONE OF NEA	AREST REFERENCE	NOT LIVING WITH	I YOU		NAME, ADDRESS AN	D TELEPHONE C	F NEAREST RE	FERENCE NO	LIVING WITH	IYOU				
EMPLOYMENT AND IN		olf omployed	ottoob	financial statement or i										
EMPLOYMENT AND INCOME If self-employed, attach financial stat CURRENT EMPLOYER (INCLUDE EMPLOYEE I.D. IF APPLICABLE) EMPLOYMENT DATE					CURRENT EMPLOYE	R (INCLUDE EM	PLOYEE I.D. IF /	APPLICABLE)	EN	IPLOYME	NT DATE			
CORRENT EMPLOTER (INCLODE EMPLOTEE I.D. IF AFFLIGABLE)														
ADDRESS/CITY/STATE/ZIP				ADDRESS/CITY/STATE/ZIP										
WORK TELEPHONE	POSITION			ROSS SALARY	WORK TELEPHONE		POSITION		M	D. GROSS	SALARY			
FORMER EMPLOYER (IF LESS THAN 2 YEAR	RMER EMPLOYER (IF LESS THAN 2 YEARS) POSITION			EARS THERE	FORMER EMPLOYER	VEARS)	POSITION		VEA	RS THERE				
FORMER EMPLOTER (IF LESS THAN 2 TEARS) FOSTION				T OKMER EMPEOTER	(II EE00 111AN2	(12AN3) 1		124						
OTHER INCOME Alimor	av child support	or separate m	aintena	nce income need not be	revealed if You do no	ot choose to h	ave it consid	ered (Proof	Required)					
TYPE OF OTHER INCOME	ny, child support,			ILY AMOUNT	TYPE OF OTHER INC					IONTHLY	AMOUNT			
NAME AND ADDRESS OF PAYER			1		NAME AND ADDRES	S OF PAYER			I					
TYPE OF OTHER INCOME			MONTH	ILY AMOUNT	TYPE OF OTHER INCOME MONTHLY AMOUNT									
NAME AND ADDRESS OF PAYER					NAME AND ADDRES	S OF PAYER								
ASSETS AND DEPOSI	TS Attach a se	narate sheet if	necess	arv										
DESCRIPTION ACCOUNT NUMBER				BALANCE/VALUE	DESCRIPTION			ACCOUNT NUMBER/TYPE			BALANCE/VALUE			
			<u>.</u>											
										1				

CREDIT		DIT	INFORMATION Please list all open accounts with or without a balance. Attach separate sheet if necessary.								A=Applicant D=Debts to be p	C=Spouse/Co-Applicant paid off if loan is granted.					
PLEASE CHECK LENDER (OR OTHER) NAME & ADD LIST ALL OBLIGATIONS, INCLUDING CREDIT U								ACCOUNT NUMBER	INTEREST RATE	BALANCE	MONTHLY PAYMENT						
A	A C D																
-																	
						1		1									
Please answer the following questions. If a yes answer is given, explain on attached sheet.				YES	NO	Y	C res NO			TOTA	LS				C		
1. Have You filed a petition for bankruptcy in the last 7 years?								Please Check: A=Applicant/Co-Signer C=Co-Applicant							NO		
 Have You ever had any auto, furniture or property repossessed? Are You a co-maker or co-signer on any loan? 							1	6. Have You any obligations not listed? 7. Do You have any past due bills?									
з.			n Amount \$					8. Is any income You have listed likely to reduce in the next two years?									
4. Have You ever had credit in any other name?							9. Indicate status:										
What name							Applicant U.S. Citizen Permanent U.S. Resident Other										
5. Have You any suits pending, judgments filed, alimony or support							Co-Applicant										
awards against You? 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. You agree and understand that if approved, You are contractually liable according to the applicable terms of the Credit Card Account Agreement And Federal Disclosure Statement. You will receive a copy of such Agreement And Disclosure 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 effect 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, by signing below, You grant and consent to a lien on Your shares with Us (except those deposits established under a governmental approved tax deferral plan such as 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.																	
You hereby acknowledge Your intent to apply for joint credit Applicant's Initials Co-Applicant's Initials																	
X Signature of Applicant or Co-Signer Date							X Signature of Spouse/Co-Applicant Date										
						OTHER APPROVING SIGNATURES											
LOAN APPROVED YES NO			AN API	PROV	'ED)	LOAN APPROVED YES NO										
SI	PECIF	IC R	EASON(S) FOR DENIAL/APPROVAL					-									
LC	DAN (N OFFICER SIGNATURE DATE CREDIT LIMIT \$ ADDITIONAL INFORMATION															
AI	PPRC	VINC	G MANAGER OR OTHER	DATE													
] EC	DA N	OTICE AND REASON FOR REJECTION OR UNACCEPTE	ED CO	UNTE	R-	OFFER S	ENT		1	(DATE) BY	/					