

# CREDIT CARD APPLICATION

1051A Detroit Avenue, Concord, CA 94518  
(800) 375-6077 • Fax: (925) 771-5601

ACCOUNT NUMBER – APPLICANT	ACCOUNT NUMBER – CO-APPLICANT	DATE
----------------------------	-------------------------------	------

**Applicant Information** PRINT OR TYPE ALL INFORMATION

1. If You live in a community property state, are You:  
 Married     Separated     Unmarried (Includes Single, Divorced and Widowed)

2. Married applicants can apply for individual credit. Indicate if You would like:  
 Individual Credit     Joint Credit with Your Spouse/Co-Applicant

3. Method of Payment:     Payroll Deduction     Automatic Share Transfer     Cash Payment

4. Frequency of Payment:     Weekly     Bi-Weekly     Semi-Monthly     Monthly

**Spouse/Co-Applicant Information**

5. Complete Spouse/Co-Applicant Information only if:  
a. This is for joint credit with Your Spouse or other Co-Applicant;  
b. Your Spouse will use Your Account;  
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, New Mexico, Texas, Washington, Wisconsin (or Puerto Rico).

6. Definitions:  
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 \$ \_\_\_\_\_ Collateral Offered \_\_\_\_\_ Value: \$ \_\_\_\_\_

**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-SIGNER**

FIRST NAME	INITIAL	LAST NAME
SOCIAL SECURITY NUMBER		BIRTHDATE
CURRENT STREET ADDRESS	APT. NO.	YEARS THERE
CITY	STATE	ZIP
EMAIL ADDRESS		
FORMER ADDRESS (COMPLETE IF CURRENT ADDRESS IS LESS THAN 3 YEARS)		YEARS THERE
DO YOU: <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> PAY BOARD	HOME TELEPHONE	NO. OF DEP.    AGES OF DEPENDENTS
NAME, ADDRESS AND TELEPHONE OF NEAREST REFERENCE NOT LIVING WITH YOU		

**SPOUSE/CO-APPLICANT**

FIRST NAME	INITIAL	LAST NAME
SOCIAL SECURITY NUMBER		BIRTHDATE
CURRENT STREET ADDRESS	APT. NO.	YEARS THERE
CITY	STATE	ZIP
EMAIL ADDRESS		
FORMER ADDRESS (COMPLETE IF CURRENT ADDRESS IS LESS THAN 3 YEARS)		YEARS THERE
DO YOU: <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> PAY BOARD	HOME TELEPHONE	NO. OF DEP.    AGES OF DEPENDENTS
NAME, ADDRESS AND TELEPHONE OF NEAREST REFERENCE NOT LIVING WITH YOU		

**EMPLOYMENT AND INCOME** If self-employed, attach financial statement or income tax returns.

CURRENT EMPLOYER (INCLUDE EMPLOYEE I.D. IF APPLICABLE)	EMPLOYMENT DATE
ADDRESS/CITY/STATE/ZIP	
WORK TELEPHONE	POSITION    MO. GROSS SALARY
FORMER EMPLOYER (IF LESS THAN 2 YEARS)	POSITION    YEARS THERE

CURRENT EMPLOYER (INCLUDE EMPLOYEE I.D. IF APPLICABLE)	EMPLOYMENT DATE
ADDRESS/CITY/STATE/ZIP	
WORK TELEPHONE	POSITION    MO. GROSS SALARY
FORMER EMPLOYER (IF LESS THAN 2 YEARS)	POSITION    YEARS THERE

**OTHER INCOME** Alimony, child support, or separate maintenance income need not be revealed if You do not choose to have it considered. (Proof Required)

TYPE OF OTHER INCOME	MONTHLY AMOUNT
NAME AND ADDRESS OF PAYER	
TYPE OF OTHER INCOME	MONTHLY AMOUNT
NAME AND ADDRESS OF PAYER	

TYPE OF OTHER INCOME	MONTHLY AMOUNT
NAME AND ADDRESS OF PAYER	
TYPE OF OTHER INCOME	MONTHLY AMOUNT
NAME AND ADDRESS OF PAYER	

**ASSETS AND DEPOSITS** Attach a separate sheet if necessary.

DESCRIPTION	ACCOUNT NUMBER/TYPE	BALANCE/VALUE

DESCRIPTION	ACCOUNT NUMBER/TYPE	BALANCE/VALUE

