

North 6747 M-117  
P.O. Box 220  
**Engadine, MI 49827**  
(906) 477-9932

South Newberry Avenue  
P.O. Box 485  
**Newberry, MI 49868**  
(906) 293-5117

7960 North M-123  
P.O. Box 194  
**Paradise, MI 49786**  
(906) 492-3555

115 East Harold Street  
P.O. Box 211  
**Pickford, MI 49774**

18829 South Mackinac Trail  
P.O. Box 537  
**Rudyard, MI 49780**



## APPLICATION



The enclosed application is the only one you need to apply for all these ready money benefits:

**No annual card fee.** See Visa Card line of Credit Agreement/Security Agreement for the specific disclosures.

**Instant credit,** ready whenever you need it to handle home repairs or other expenses.

**A grace period** that allows you to pay off the entire balance of purchases without incurring any finance charges.

The issuance of your Visa Card is subject to the current qualifications and restrictions in our credit union policy on the Visa program. Outstanding Visa balances are not covered by Credit Life Insurance or Temporary Disability Insurance, but may be purchased by the Credit Card holder.



# Application

ACCOUNT NUMBER \_\_\_\_\_ LIMIT YOU ARE APPLYING FOR \_\_\_\_\_

INSTRUCTIONS: 1) PLEASE PRINT  
 2) FILL OUT ALL AREAS THAT APPLY TO YOU  
 3) FOLD.....APPLY TAPE.....DROP IN MAIL

Upon approval, I wish to transfer my present balance on my Tahquamenon Area Credit Union credit card account(s) listed here to my new Tahquamenon Area Credit Union credit card account.

 VISA ACCOUNT NUMBER \_\_\_\_\_

APPLICANT DATA		LAST NAME	FIRST NAME	INITIAL	SOCIAL SECURITY NO.	DATE OF BIRTH	NO. OF DEPENDENTS
PRESENT ADDRESS		CITY		STATE	ZIP	NO. OF YEARS AT THIS ADDRESS	HOME TELEPHONE NO. ( )
PREVIOUS ADDRESS (IF LESS THAN THREE YEARS AT PRESENT ADDRESS)					DRIVERS LICENSE NO.		
EMPLOYED BY		YEARS EMPLOYED		ADDRESS		TELEPHONE NO. ( )	
PREVIOUS EMPLOYER (IF LESS THAN 3 YEARS)		YEARS EMPLOYED		ADDRESS		TELEPHONE NO. ( )	
NEAREST RELATIVE (NOT LIVING WITH YOU)		ADDRESS NEAREST RELATIVE				TELEPHONE NO. ( )	
CO-APPLICANT DATA		LAST NAME	FIRST NAME	INITIAL	SOCIAL SECURITY NO.	DATE OF BIRTH	NO. OF DEPENDENTS
PRESENT ADDRESS		CITY		STATE	ZIP	NO. OF YEARS AT THIS ADDRESS	HOME TELEPHONE NO. ( )
PREVIOUS ADDRESS (IF LESS THAN THREE YEARS AT PRESENT ADDRESS)					DRIVERS LICENSE NO.		
EMPLOYED BY		YEARS EMPLOYED		ADDRESS		TELEPHONE NO. ( )	
PREVIOUS EMPLOYER (IF LESS THAN 3 YEARS)		YEARS EMPLOYED		ADDRESS		TELEPHONE NO. ( )	
NEAREST RELATIVE (NOT LIVING WITH YOU)		ADDRESS NEAREST RELATIVE				TELEPHONE NO. ( )	

INCOME DATA	NOTICE: Alimony, Child Support, or Separate Maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.				
	APPLICANT ONLY		CO-APPLICANT ONLY		SOURCE OF OTHER INCOME
	GROSS AMOUNT REGULAR INCOME	\$	\$	You are not required to disclose your receipt of Alimony, Child Support, or other income deriving from a divorce or separation proceeding unless you wish it to be considered by us as a means available to you to repay this obligation.	
	GROSS MONTHLY INCOME	\$	\$	APPLICANT'S SOURCE OF OTHER INCOME	
TOTAL AMOUNT ALL INCOME		\$	\$	CO-APPLICANT'S SOURCE OF OTHER INCOME	

CREDIT & FINANCIAL DATA	Please list all loans or debts owing including alimony, child support, maintenance payments and any obligations that you might be a guarantor or endorser for. If you don't have any debts, list previously paid debts. (please list complete names - attach additional sheets if necessary) HAVE YOU EVER HAD CREDIT IN ANY OTHER NAMES? YES NO		Are you a co-maker on any other loans? YES NO	
	ACCOUNTS WITH NAME - ADDRESS (CREDIT UNIONS, BANKS, THRIFTS)		CHECKING ACCOUNT #	BALANCE
(1)			\$	\$
(2)			\$	\$
DO YOU	<input type="checkbox"/> OWN YOUR HOME <input type="checkbox"/> RENT	MORTGAGE HOLDER / LANDLORD (NAME AND ADDRESS)		MORTGAGE BALANCE/ MONTHLY RENTAL AMT'S \$
AUTOMOBILE(S) FINANCED WITH:		BALANCE		BALANCE
(1)		(2)		

LIST OF ALL OTHER INDEBTEDNESS					
IN THE NAME OF	CREDITOR NAME	ACCOUNT NUMBER	CREDIT LIMIT	CURRENT BALANCE	MONTHLY PAYMENT

I understand that I may purchase credit life and/or disability insurance on this loan. Any uninsured balance is payable upon death.  I do not want this coverage.  I have completed an enrollment form for coverage.

APPLICANT'S SIGNATURE	DATE	CO-APPLICANT'S SIGNATURE	DATE
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MEMBER'S SIGNATURE	I/We hereby consent to the necessary credit investigation in connection with this application and grant permission for it's retention. I/We warrant that all information contained in this application is true and complete. I/We agree to be bound by the terms of the disclosures contained below and all other terms and conditions that govern the use of this card.			
	<input type="checkbox"/> Individual Account <input type="checkbox"/> Joint Account <input type="checkbox"/> Individual Account with authorized user			
APPLICANT'S SIGNATURE	DATE	CO-APPLICANT'S SIGNATURE	DATE	
<input type="checkbox"/> Approved <input type="checkbox"/> Rejected Date _____ Signature of Loan Officer X _____				
Signature of Credit Committee X _____ X _____ X _____				
Credit Card Limit \$ _____ Number of Credit Cards _____ Limit increased to \$ _____ Date _____				
Conditions, if any _____				
If application is rejected, reason for rejection _____				

DETACH ALONG DOTTED LINE AND KEEP THIS PORTION FOR YOUR RECORDS

### DISCLOSURE OF VISA FEES

This information about the cost of obtaining and using the Visa Card described in this application is accurate as of January 2005. This information may have changed after that date. To find out what information may have changed, call your Credit Union.

<b>ANNUAL PERCENTAGE RATE FOR PURCHASES</b>	<b>12.9%</b>
<b>ANNUAL PERCENTAGE RATE FOR BALANCE TRANSFERS</b>	<b>12.9%</b>
<b>ANNUAL PERCENTAGE RATE FOR CASH ADVANCES</b>	<b>12.9%</b>

GRACE PERIOD FOR REPAYMENT OF BALANCES ON PURCHASES You have an average of 25 days to repay the balance (for purchases only) before a finance charge on purchases will be imposed, providing the previous balance is paid in full at statement date. There is no grace period for Cash Advances.

METHOD OF COMPUTING THE BALANCE FOR PURCHASES The balance is computed by adding the "daily balances" for each day in the billing period and then dividing by the number of days in the billing period. "Daily balances" do not include current purchases.

ANNUAL FEE No annual fee

LATE PAYMENT FEE \$15.00  
 RETURN CHECK FEE (RETURNED FOR NON-PAYMENT) \$15.00

VISA FOREIGN TRANSACTION FEE (FTF)

VISA will charge a 1% FTF for international transactions that involve multiple currency conversions, or a .8% fee for international transactions that do not involve multiple currency conversions.