



# Credit Card Application

Please print this form, fill it out and fax to 425-252-9377

## General Information

Will there be a co-applicant on this application? Yes No

Marital Status: Complete marital status if this application is for:

- a. Joint or secured credit, or
  - b. You reside in or rely on property located in a Community Property State. (AZ, CA, ID, LA, NM, NV, TX, WA, WI)
- Unmarried  
 Married  
 Separated  
 This loan is not for joint or secured credit and I do not live in the states listed above.

Type of Card Requested:

Number of Cards Requested: Limit Requested:

## Primary Applicant

Last Name: Member Number:

First Name: Middle Name:

Social Security Number (TIN): Date of Birth:

Number of Dependents: Age of Dependents:

Home Phone Number: Work Phone Number:

Other Phone Number: Email Address:

Drivers License #: Drivers License State:

Mother's Maiden Name:

### Home Address

Address 1:

Address 2:

City: State, Zip:

Time at Current Residence: Residence Type:  Own  Rent  Other:

Monthly Payment

### Previous Address

Address 1:

Address 2:

City: State, Zip:

Time at Previous Residence: Residence Type:  Own  Rent  Other:

### Present Employer

Name: Phone Number:

Employment Status:  Full Time  Part Time  Temp  Retired  Other (please specify):

Job Title: Job Start Date:

Gross Salary: Job Start Date:

Other Income: per  Year  Month  Hour

Other Income Source: per  Year  Month  Hour

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.

### Previous Employer

Name: Phone Number:

Employment Status:  Full Time  Part Time  Temp  Retired  Other (please specify):

Job Title: Job Start Date:

Gross Salary: per  Year  Month  Hour

**Co-Applicant**

|                               |                        |
|-------------------------------|------------------------|
| Last Name:                    | Member Number:         |
| First Name:                   | Middle Name:           |
| Social Security Number (TIN): | Date of Birth:         |
| Number of Dependents:         | Age of Dependents:     |
| Home Phone Number:            | Work Phone Number:     |
| Other Phone Number:           | Email Address:         |
| Drivers License #:            | Drivers License State: |
| Mother's Maiden Name:         |                        |

*Home Address*

|                            |  |
|----------------------------|--|
| Address 1:                 |  |
| Address 2:                 |  |
| City:                      | State, Zip:  |
| Time at Current Residence: | Residence Type: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other: |

Monthly Payment

*Previous Address*

|                             |  |
|-----------------------------|--|
| Address 1:                  |  |
| Address 2:                  |  |
| City:                       | State, Zip:  |
| Time at Previous Residence: | Residence Type: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other: |

*Present Employer*

|  |  |
|--|--|
| Name:  | Phone Number:  |
| Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp <input type="checkbox"/> Retired <input type="checkbox"/> Other (please specify): |  |
| Job Title:   | Job Start Date:  |
| Gross Salary:  | Job Start Date:  |
| Other Income:  | per <input type="checkbox"/> Year <input type="checkbox"/> Month <input type="checkbox"/> Hour |
| Other Income Source:   | per <input type="checkbox"/> Year <input type="checkbox"/> Month <input type="checkbox"/> Hour |
| 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.  |  |

*Previous Employer*

|  |  |
|--|--|
| Name:  | Phone Number:  |
| Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp <input type="checkbox"/> Retired <input type="checkbox"/> Other (please specify): |  |
| Job Title:   | Job Start Date:  |
| Gross Salary:  | per <input type="checkbox"/> Year <input type="checkbox"/> Month <input type="checkbox"/> Hour |

**Additional Information**

How would you prefer to be contacted?

Home Phone  
 Work Phone  
 Other Phone  
 Email Address  
 Other:

Special Instructions/Comments:

**Signatures**

**Income verification is required; other information may be required.**

**I certify that statements on this application are true and complete. I authorize any person, association, firm or corporation to furnish, on request of this Financial Institution, information concerning me or my affairs. (Sec. 1014, Title 18, U.S. Code makes it a Federal Crime to knowingly make a false statement on this application.)**

|                              |       |
|------------------------------|-------|
| Primary Applicant Signature: | Date: |
| Co-Applicant Signature:      | Date: |