

Community Healthcare Federal Credit Union

Visa Platinum Application

Please fill out and return to the Credit Union, 1503 Pacific Ave, Everett, WA 98201. Questions, call us at: 425-259-6446

CREDIT APPLICATION

Credit Limit Requested \$ _____

Check Account Choice:
(Signature required for joint applicant)
Visa® Platinum

Individual Account
 Joint Account
 We intend to apply for joint credit
 Applicant Initials _____ Co-Applicant Initials _____
 Credit Line Increase

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 Note: All applicable sections should be filled out completely to avoid delay in processing your application.	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 \$		
	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 Intended for joint applicant, this information is not required for an individual account.	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)	
	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 \$		
CREDIT INFO Attach additional sheets if necessary	Name and Address of Creditor		Name under Which Account is Carried		Account Number		Balance		
	1. Home Mortgage/Rent								
2. Bank Credit Card/Bank Name and Address									
SIGNATURES	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.								
	X _____ Applicant Signature		_____ Date		X _____ Co-Applicant Signature		_____ Date		
TRANSFER OF BAL REQUEST	Upon approval, I wish to transfer my present balance on the credit card account(s) listed below to my new credit card account.								
	<input type="checkbox"/> Credit Card Account Number _____		Amount to be transferred \$ _____						Signature _____
FOR INTERNAL USE ONLY	Visa Account No. _____								
	Date Approved _____		Approved By _____			Approved By _____			