

212 5th Ave. W P.O. Box 248 Edgeley, ND 58433 701-493-2334 • 800-555-5889 Fax: 701-493-2702 www.dakotaplainscreditunion.com There are costs associated with the use of a credit card. Information about costs, rates, and fees may be contained in disclosures provided with this application or by calling us toll-free or collect at (800) 555-5889 or writing to us at the address stated on this application.



Check below to indicate t	me type of	crean for wi	iich you are applying.	IVI	arried Applicants may app	piy tor a se	parate accou	nt.			
Individual Credit: You must complete the Applicant section about yourself and the Other section about your spouse if 1. you live in or the property pledged as collateral is located in a community property state (AK, AZ, CA, ID, LA, NM, NV, TX, WA, WI) 2. your spouse will use the account, or											
 you are relying on your spouse's income as a basis for repayment. If you are relying on income from alimony, child support, or separate maintenance, complete the Other section to the extent possible about the person on whose payments you are relying. 											
Joint Credit: Each Applicant m	ust individua	Ily complete ap	propriate section below. If (Applicant is spouse of the Applic	cant, mark the	e Co-Applicant bo	OX.			
Credit Card Account: Indivi	dual Join credit. Applic	it cant and Co-Apr	licant each agree and ackno	owle	edge the intent to apply for joint	t credit (sign	helow).				
If this is an application for joint credit, Applicant and Co-Applicant each agree and acknow Applicant Signature Date					Co-Applicant Signature Date						
X			(Seal)		X			(Seal)			
Credit Limit Requested \$					If Authorized User, Name:						
APPLICANT NAME (Last - First - Initial)					OTHER						
ACCOUNT NUMBER SOCIAL SECURITY NUMBER/INDIVIDUAL TAX ID NUMBER					ACCOUNT NUMBER SOCIAL SECURITY NUMBER/INDIVIDUAL TAX ID NUMBER						
BIRTH DATE	FH DATE EMAIL ADDRESS				BIRTH DATE FMAIL ADDRESS						
HOME PHONE	CELL PHONE		BUSINESS PHONE/EXT.		HOME PHONE	CELL PHONE	E	BUSINESS PHONE/EXT.			
DRIVER'S LICENSE NUMBER/STAT	Ē	AGES OF DEPEN	DENTS		DRIVER'S LICENSE NUMBER/STAT	Ė	AGES OF DEPEN	DENTS			
PRESENT ADDRESS (Street - City -	- State - Zip)		OWN RENT		PRESENT ADDRESS (Street - City -	- State – Zip)		OWN RENT			
			LENGTH AT RESIDENCE					LENGTH AT RESIDENCE			
PREVIOUS ADDRESS (Street - City	- State - Zip)		OWN RENT	7	PREVIOUS ADDRESS (Street - City	– State – Zip)		OWN RENT			
LENGTH AT RESIDENCE				LENGTH AT RESIDENCE							
MORTGAGE/RENT OWED TO					MORTGAGE/RENT OWED TO						
MORTGAGE BALANCE \$	MONTHLY PAY	MENT	INTEREST RATE %	- 1	MORTGAGE BALANCE \$	MONTHLY PAY	/MENT I	NTEREST RATE %			
COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE: MARRIED SEPARATED UNMARRIED (Single - Divorced - Widowed)				7	COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE: MARRIED SEPARATED UNMARRIED (Single - Divorced - Widowed)						
EMPLOYMENT/INCOME				7	EMPLOYMENT/INCOME						
EMPLOYMENT STATUS FULL TIME PART TIME HOURS PER WEEK					EMPLOYMENT STATUS FULL TIME PART TIME HOURS PER WEEK						
START DATE					START DATE						
NAME AND ADDRESS OF EMPLOYER					NAME AND ADDRESS OF EMPLOYER						
NOTICE: ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED.					NOTICE: ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED.						
EMPLOYMENT INCOME PER OTHER INCOME \$		PER		EMPLOYMENT INCOME PER \$		OTHER INCOME PER \$					
TITLE/GRADE SOURCE				TITLE/GRADE		SOURCE					
PREVIOUS EMPLOYER NAME AND ADDRESS IF EMPLOYED LESS THAN TWO YEARS					PREVIOUS EMPLOYER NAME AND ADDRESS IF EMPLOYED LESS THAN TWO YEARS						
STARTING DATE ENDING DATE				STARTING DATE		ENDING DATE					
MILITARY: IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR? YES NO WHERE ENDING/SEPARATION DATE				MILITARY: IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR? YES NO WHERE ENDING/SEPARATION DATE							
REFERENCE				REFERENCE							
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU					NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU						
RELATIONSHIP		W-14-14-14-14-14-14-14-14-14-14-14-14-14-	HOME PHONE		RELATIONSHIP	71		HOME PHONE			

CREDIT CARD APPLICATION (continued)

STATE LAW NOTICE(S)

Notice to Nebraska Residents: A credit agreement must be in writing to be enforceable under Nebraska law. To protect you and us from any misunderstandings or disappointments, any contract, promise, undertaking, or offer to forebear repayment of money or to make any other financial accommodation in connection with this loan of money or grant or extension of credit, or any amendment of, cancellation of, waiver of, or substitution for any or all of the terms or provisions of any instrument or document executed in connection with this loan of money or grant or extension of credit, must be in writing to be effective.

Notice to New York Residents: New York residents may contact the New York State Department of Financial Services to obtain a comparative listing of credit card rates, fees, and grace periods. New York State Department of Financial Services: 1-800-342-3736 or www.dfs.ny.gov.

Notice to Ohio Residents: The Ohio laws against discrimination require that all creditors make credit equally available to all creditworthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.

Notice to Wisconsin Residents: (1) No provision of any marital property agreement, unilateral statement under Section 766.59, or court decree under Section 766.70 will adversely affect the rights of the Credit Union unless the Credit Union is furnished a copy of the agreement, statement or decree, or has actual knowledge of its terms, before the credit is granted or the

account is opened. (2) Please sign if you are not applying for this account or loan with your spouse. The credit being applied for, if granted, will be incurred in the interest of the marriage or family of the undersigned.

Signature for Wisconsin Res	sidents Only	Date
X		(Seal)

CREDIT CARD CONSENSUAL SECURITY	INTEREST				
You grant us a security interest in all individual and joint sh deposits in an IRA or any other account that would lose spo given in your shares and deposits. You may withdraw theso accounts to any amounts due. For example, if you have an u	ecial tax treatment und e other shares unless unpaid credit card bala	der state or federal la you are in default. W ince, you agree we m	w if given as security are not s hen you are in default, you au ay use funds in your account(s)	subject to the security intere thorize us to apply the bala to pay any or all of the unp	est you hav nce in thes aid balance
By signing or otherwise authenticating below, you are affirm to grant a security interest.	atively agreeing that y	ou are aware that gra	nting a security interest is a co	ndition for the credit card an	d you inten
Consensual Security Interest Acknowledgement and Agreeme	ent Date (Sea		curity Interest Acknowledgemer	it and Agreement Date	(Seal)
SIGNATURES					
By signing or otherwise authenticating below: 1. You promise that everything you have stated in this applica You authorize the Credit Union to obtain credit reports in received and for other accounts, products, or services we application and your credit report to make its decision. If you on you. It is a crime to willfully and deliberately provide in 2. You understand that the use of your card will constitute accounts.	connection with this a may offer you or for v ou request, the Credit U complete or incorrect in	pplication for credit an which you may qualify. nion will tell you the na nformation in this appl	d for any update, increase, rene You understand that the Credit Ime and address of any credit bu ication.	ewal, extension, or collection Union will rely on the inforn Ireau from which it received a	of the cred nation in thi credit repo
Applicant's Signature	Date	Other Signatur	re	Date	40 11
X	(Sea	1) X			(Seal)
CREDIT UNION USE ONLY					
DATE APPROVED		CREDIT CARD LIMIT \$	NUMBER OF CARDS	CREDIT CARD NUMBER	
DECLINED (Adverse Action Notice Sent)	DEBT RATIO/SCORE:	BEFORE	AFTER		
LOAN OFFICER COMMENTS:					

Credit Committee or Loan Officer Signatures Date Date Credit Committee or Loan Officer Signatures (Seal) (Seal)