

# Metro Shores Credit Union



## VISA

### SUMMARY OF TERMS

Annual Percentage Rate (APR) for Purchases (Visa Classic)	<b>11.88%</b>
Annual Percentage Rate (APR) for Purchases (Preferred Platinum)	<b>8.88%</b>
Other Annual Percentage Rates	
Balance Transfer APR (Classic)	11.88%
Cash Advance APR (Classic)	11.88%
Balance Transfer APR (Pref. Platinum)	8.88%
Cash Advance APR (Pref. Platinum)	8.88%
Annual Fee	None
Transaction Fee for Purchases	None
Transaction Fee for Cash Advances	None
Minimum Finance Charge	None
Late Payment Fee	\$15.00
Payment Made with a Bad Check Fee	\$20.00
Over the Limit Fee	\$20.00
Grace Period for Purchases	25 Days

#### Balance Calculation Method For Purchases

The Finance Charge for a billing cycle is computed by applying the monthly Periodic Rate to the average daily balance of Credit Purchases, which is determined by dividing the sum of the daily balances during the billing cycle by the number of days in the cycle. Each daily balance of Credit Purchases is determined by adding to the outstanding unpaid balance of Credit Purchase at the beginning of the billing cycle any new Credit Purchases posted to your account, and subtracting any payments as received and credits as posted to your account, but excluding any unpaid Finance Charges.

These disclosures are accurate as of January 1, 2005. They are subject to change periodically. Contact the Credit Union at (734) 676-8666 or write to 2360 West Jefferson, Trenton, MI 48183, for information on any changes to the above disclosure.

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(Signature)

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(Signature)



**Metro Shores Credit Union**  
**2360 West Jefferson**  
**Trenton, MI 48183**  
**(734) 676-8666**

I am Requesting Information on Chargegard Insurance  Yes  No

Credit Limit	Cards needed:
<input type="checkbox"/> \$500 (minimum)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> _____
<input type="checkbox"/> _____ (Extra Charge for more than 2 per account)	

**PERSONAL INFORMATION - PLEASE PRINT OR TYPE**

FULL NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_

OTHER NAME(S) UNDER WHICH ANY APPLICATION FOR CREDIT HAS BEEN MADE OR CREDIT HAS BEEN OBTAINED (STATE IF NONE) \_\_\_\_\_ DEPENDENTS \_\_\_\_\_

Present Address	City	State	ZIP	How Long? Yrs.	Home Phone Number
Previous Address	City	State	ZIP	How Long? Yrs.	Social Security Number

**EMPLOYMENT RECORD**

EMPLOYER NAME (if less than 3 yrs. list previous employer)	Address	Phone #	Position	Date Employed	Salary/Hr. Rate \$
1.					
2.					

Source of other income [disclose alimony, child support or spousal support (maintenance payments) only if you choose to rely on it in applying for credit] \_\_\_\_\_ Other Monthly Income \$ \_\_\_\_\_

**NOTICE: COMPLETE SECTION FOR JOINT APPLICANT ONLY IF:** (1) Joint applicant will be authorized use of credit card in own name and will be responsible for repayment to the credit account you are applying for, (2) you wish us to consider joint applicant's income in making our credit decision, (3) you wish us to consider alimony, child support or maintenance paid to the joint applicant (in any case, joint applicant must sign the application). A married member may apply for a credit card account in own name.

Joint Applicant	Relationship (if any)	Birthdate	Ages of Dependents	Social Security Number
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Address	City	State	ZIP
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Employer	Address	Phone #	Position	Date Employed	Salary/Hr. Rate \$
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Source of other income [disclose alimony, child support or spousal support (maintenance payments) only if you choose to rely on it in applying for credit] \_\_\_\_\_ Other Monthly Income \$ \_\_\_\_\_

**LIST ALL DEBTS OF SELF AND JOINT APPLICANT (of Spouse Where Applicable) - INSTALLMENT PAYMENTS, CREDIT CARDS, ETC. LOAN WILL BE REJECTED IF ALL DEBTS ARE NOT LISTED. IF INSUFFICIENT SPACE, ATTACH ADDITIONAL SHEET.**

<input type="checkbox"/> Buy	Holder of Mortgage	Purchase Price \$	Present Mortgage Balance \$	House Payment \$
<input type="checkbox"/> Rent	Landlord		Monthly Rent \$	

To Whom indebted (if none check here) <input type="checkbox"/>	Name	Address	City, State & ZIP	Credit Limit (if any)	Present Balance	Monthly Payment

Additional debts - initial correct box I have no other debts  \_\_\_\_\_ additional list attached

Applicant's Driver's License Number and State	Auto - Year and Make	Lien Holder
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Joint Applicant's Driver's License Number and State	Auto - Year and Make	Lien Holder
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Other obligations (e.g., list alimony and child support paid per month) \_\_\_\_\_

Are you a member of any other Credit Union? Name \_\_\_\_\_ TOTAL \$ \_\_\_\_\_

Are you a co-signer for anyone else?  Yes  No For Whom? \_\_\_\_\_ Balance(s) Owed \_\_\_\_\_

Are any of your debts past due? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever had any auto, furniture or other property repossessed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you filed bankruptcy in the last 10 years? <input type="checkbox"/> Yes <input type="checkbox"/> No
Indicate by <input checked="" type="checkbox"/> in front of the past due debtors above.	When?	When?

**REFERENCES**

Bank Name	Address	Branch	Account Type	Account Number
Nearest Relative Not Living With You - Name and Address		City, State, ZIP	Telephone Number	
Personal Reference - Name and Address		City, State, ZIP	Telephone Number	

**SECURITY AGREEMENT**

I HEREBY AGREE TO GRANT A SECURITY INTEREST IN ANY DEPOSIT ACCOUNTS OR OTHER FUNDS HELD BY THE CREDIT UNION TO SECURE MY OBLIGATION UNDER THIS CREDIT PLAN. PLEASE INITIAL. \_\_\_\_\_

Everything I have stated in this application is true to the best of my knowledge, and is an accurate statement of my obligations and the income upon which I will rely to pay the credit requested. I understand that you will rely on this information in deciding whether or not to grant or continue credit to me. I also understand that you will not return this application. You are authorized to check my employment history. I agree that I will be bound by all of the terms and conditions governing the charge card account, a copy of which will be delivered to me with my card.

Signature of Applicant	Date	Signature of Joint Applicant	Date
<b>X</b>		<b>X</b>	

Credit Union Use Only	Credit Committee Action	VISA	# Cards	Limit	Approved by	#
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