

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 _____ or writing to us at the address stated on this application.

Check below to indicate the type of credit for which you are applying. Married Applicants may apply for a separate account.

Individual Credit: You must complete the Applicant section about yourself and the Other section about your spouse if

- 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)
- 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 must **individually** complete appropriate section below. If Co-Borrower is spouse of the Applicant, mark the Co-Applicant box.

LOANLINER Account/Loan: Individual Joint
(Including ATM/Debit card access to the account if available)

Credit Card Account: Individual Joint

If this is an application for joint credit, Applicant and Co-Applicant each agree and acknowledge the intent to apply for joint credit (sign below):

Applicant X (Seal)	Date (Seal)	Co-Applicant X (Seal)	Date (Seal)
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Amount Requested \$ Purpose/Collateral:	<input type="checkbox"/> Credit Limit Requested \$ If Authorized User, Name:
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Guarantors Complete OTHER section below.

APPLICANT	OTHER <input type="checkbox"/> CO-APPLICANT <input type="checkbox"/> SPOUSE <input type="checkbox"/> GUARANTOR <input type="checkbox"/> OTHER
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NAME (Last - First - Initial)	NAME (Last - First - Initial)
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ACCOUNT NUMBER	SOCIAL SECURITY NUMBER	ACCOUNT NUMBER	SOCIAL SECURITY NUMBER
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BIRTH DATE	EMAIL ADDRESS	BIRTH DATE	EMAIL ADDRESS
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HOME PHONE	CELL PHONE	BUSINESS PHONE/EXT.	HOME PHONE	CELL PHONE	BUSINESS PHONE/EXT.
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DRIVER'S LICENSE NUMBER/STATE	AGES OF DEPENDENTS	DRIVER'S LICENSE NUMBER/STATE	AGES OF DEPENDENTS
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PRESENT ADDRESS (Street - City - State - Zip)	<input type="checkbox"/> OWN <input type="checkbox"/> RENT	LENGTH AT RESIDENCE	
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PREVIOUS ADDRESS (Street - City - State - Zip)	<input type="checkbox"/> OWN <input type="checkbox"/> RENT	LENGTH AT RESIDENCE	
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MORTGAGE/RENT OWED TO	MORTGAGE/RENT OWED TO
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MORTGAGE BALANCE \$	MONTHLY PAYMENT \$	INTEREST RATE %	MORTGAGE BALANCE \$	MONTHLY PAYMENT \$	INTEREST RATE %
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COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE: <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED (Single - Divorced - Widowed)	COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE: <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED (Single - Divorced - Widowed)
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EMPLOYMENT/INCOME	EMPLOYMENT/INCOME
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START DATE	START DATE
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EMPLOYMENT STATUS <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	EMPLOYMENT STATUS <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME
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NAME AND ADDRESS OF EMPLOYER	NAME AND ADDRESS OF EMPLOYER
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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.
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EMPLOYMENT INCOME PER \$	OTHER INCOME PER \$	EMPLOYMENT INCOME PER \$	OTHER INCOME PER \$
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TITLE/GRADE	SOURCE	TITLE/GRADE	SOURCE
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PREVIOUS EMPLOYER NAME AND ADDRESS IF EMPLOYED LESS THAN FIVE YEARS	PREVIOUS EMPLOYER NAME AND ADDRESS IF EMPLOYED LESS THAN FIVE YEARS
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STARTING DATE	ENDING DATE	STARTING DATE	ENDING DATE					
MILITARY: IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO WHERE _____ ENDING/SEPARATION DATE _____		MILITARY: IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR? <input type="checkbox"/> YES <input type="checkbox"/> 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		RELATIONSHIP						
HOME PHONE		HOME PHONE						
WHAT YOU OWE								
DEBT	CREDITOR NAME OTHER THAN THIS CREDIT UNION (Attach additional sheet(s) if necessary)	INTEREST RATE	PRESENT BALANCE	MONTHLY PAYMENT	OWED BY			
					APPLICANT	OTHER		
<input type="checkbox"/> RENT		%	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> FIRST MORTGAGE (Incl. Tax & Ins.)		%	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>		
		%	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>		
		%	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>		
		%	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>		
		%	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>		
		%	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>		
		%	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>		
		%	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>		
		%	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>		
		%	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>		
		%	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>		
LIST ANY NAMES UNDER WHICH YOUR CREDIT REFERENCES AND CREDIT HISTORY CAN BE CHECKED:			TOTALS	\$	\$			
WHAT YOU OWN								
ASSET DESCRIPTION	LIST LOCATION OF PROPERTY OR FINANCIAL INSTITUTION	MARKET VALUE	PLEGGED AS COLLATERAL FOR ANOTHER LOAN				OWNED BY	
			<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	APPLICANT	OTHER
		\$	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	<input type="checkbox"/>
		\$	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	<input type="checkbox"/>
		\$	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	<input type="checkbox"/>
		\$	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	<input type="checkbox"/>
		\$	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	<input type="checkbox"/>
		\$	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	<input type="checkbox"/>
		\$	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	<input type="checkbox"/>
OTHER INFORMATION ABOUT YOU							APPLICANT	OTHER
1. ARE YOU A U.S. CITIZEN OR PERMANENT RESIDENT ALIEN?							<input type="checkbox"/>	<input type="checkbox"/>
2. DO YOU CURRENTLY HAVE ANY OUTSTANDING JUDGMENTS OR HAVE YOU EVER FILED FOR BANKRUPTCY, HAD A DEBT ADJUSTMENT PLAN CONFIRMED UNDER CHAPTER 13, HAD PROPERTY FORECLOSED UPON OR REPOSSESSED IN THE LAST 7 YEARS, OR BEEN A PARTY IN A LAWSUIT?							<input type="checkbox"/>	<input type="checkbox"/>
3. IS YOUR INCOME LIKELY TO DECLINE IN THE NEXT TWO YEARS?							<input type="checkbox"/>	<input type="checkbox"/>
4. ARE YOU A CO-MAKER, CO-SIGNER OR GUARANTOR ON ANY LOAN NOT LISTED ABOVE?								
FOR WHOM (Name of Others Obligated on Loan):							<input type="checkbox"/>	<input type="checkbox"/>
TO WHOM (Name of Creditor):								

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 Residents Only	Date
X	(Seal)

CONSENSUAL SECURITY INTEREST

You grant us a security interest in all individual and joint share and/or deposit accounts you have with us now and in the future to secure your credit card account. Shares and deposits in an IRA or any other account that would lose special tax treatment under state or federal law if given as security are not subject to the security interest you have given in your shares and deposits. You may withdraw these other shares unless you are in default. When you are in default, you authorize us to apply the balance in these accounts to any amounts due. For example, if you have an unpaid credit card balance, you agree we may use funds in your account(s) to pay any or all of the unpaid balance.

By signing or otherwise authenticating below, you are affirmatively agreeing that you are aware that granting a security interest is a condition for the credit card and you intend to grant a security interest. You acknowledge and agree that your pledge does not apply during any periods when you are a covered borrower under the Military Lending Act. For clarity, you will not be deemed a covered borrower, and your pledge will apply, if: (i) you become obligated on a credit transaction or establish an account for credit when you are not a covered borrower; or (ii) you cease to be a covered borrower.

Security Interest Acknowledgement and Agreement	Date
X	(Seal)

Security Interest Acknowledgement and Agreement	Date
X	(Seal)

SIGNATURES

By signing or otherwise authenticating below:

1. You promise that everything you have stated in this application is correct to the best of your knowledge, and that the above information is a complete listing of what you owe. If there are any important changes you will notify us in writing immediately. You authorize the Credit Union to obtain credit reports in connection with this application for credit and for any update, increase, renewal, extension, or collection of the credit received. You understand that the Credit Union will rely on the information in this application and your credit report to make its decision. If you request, the Credit Union will tell you the name and address of any credit bureau from which it received a credit report on you. It is a crime to willfully and deliberately provide incomplete or incorrect information in this application.
2. If you are applying for a credit card, you understand that the use of your card will constitute acknowledgment of receipt and agreement to the terms of the Consumer Credit Card Agreement and Disclosure.

Applicant's Signature	Date
X	(Seal)

Other Signature	Date
X	(Seal)

CREDIT UNION USE ONLY

DATE	<input type="checkbox"/> APPROVED <input type="checkbox"/> DECLINED <small>(Adverse Action Notice Sent)</small>	APPROVED LIMITS:	SIGNATURE \$	LINE OF CREDIT \$	OTHER \$	OTHER \$	DEBT RATIO/SCORE BEFORE AFTER
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LOAN OFFICER COMMENTS:

Credit Committee or Loan Officer Signatures

	Date
X	(Seal)

	Date
X	(Seal)



Secured MasterCard® Agreement and Additional Disclosure

Use this form when requesting a Secured First Reliance FCU (FRFCU) MasterCard® Credit Card.

To speed the processing of your application please follow these steps:

1. Complete the Credit Card Application in its entirety and sign it. Incomplete or unsigned applications will delay processing of your request.
2. Complete the Secured MasterCard Disclosure Form in its entirety and sign it.
3. The funds securing the Credit Card must be on deposit with FRFCU.
4. Once completed, mail both forms to:

**First Reliance FCU
P.O. Box 80505
Athens, GA 30608**

or stop by the office at 205 Collins Ind. Blvd, Athens, GA 30601.



Secured MasterCard® Agreement and Additional Disclosure

PLEASE PRINT

Borrower Name _____

Co-Borrower Name (if applicable) _____

Member Number _____

Account in which Pledged Funds (shares) are currently # _____

Amount of Shares Pledged (must be equal to amount of secured credit being requested) \$ _____

These funds will be moved to a separate account within your Membership. You will see the account reflected on your statement.

This "Additional Disclosure" is provided together with the First Reliance Federal Credit Union (FRFCU) MasterCard Credit Card Agreement and the Secured MasterCard Credit Card Account Opening Disclosure incorporated by this reference.

Pledge of Shares (Funds): I (the borrower(s)), understand that I am pledging, under the Uniform Commercial Code, shares now on deposit in the account I have designated above. I understand that I must, at all times, keep a sum equal to my **total credit limit and/or any secured credit increase** in this account and that all these funds will not be available to me until such time as I repay my entire loan and my loan account is terminated. I understand that this security interest will cover future purchases and advances under this Disclosure and Agreement. If I default, you (FRFCU) may apply these shares to repay my loan in accordance with federal or other law.

I understand that the ANNUAL PERCENTAGE RATE I received when I opened this loan: (1) applies only while the loan is fully secured and that if for any reason I no longer have sufficient funds in this share account to secure the credit limit and you are unable to transfer the needed funds from any of my other FRFCU Accounts, my ANNUAL PERCENTAGE RATE will be increased to that of your then current unsecured loan product as determined by my personal credit history and (2) does not take into account the amount pledged in my share account. Further, I understand that this pledge of shares in no way effects your ability to increase my ANNUAL PERCENTAGE YIELD if payment is considered late.

Pledge of Future Shares for Secured Credit Limit Increases: If, in the future, I request an increase in the amount of credit accessible to me via this MasterCard Account, I understand and agree that you will automatically hold an amount equal to the amount of the increase I have requested, in addition to that amount already held, in the Share Account designated above.

Copy Received: I acknowledge receipt of the First Reliance FCU MasterCard Credit Card Agreement and Account Opening Disclosure and this document, as an integrated part of that Agreement and Disclosure, and agree to the terms.

Borrower Signature _____ Date _____

Co-Borrower Signature _____ Date _____

P.O. Box 80505, Athens, GA, 30608, (706) 613-1644, FAX (706) 613-1950