

# 1st Capital Bank VISA® & MasterCard® Application

PLEASE CHOOSE ONE:  VISA Platinum Flex Miles  VISA Platinum  VISA Classic Flex Miles  VISA Classic  Gold MasterCard

**IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING AN ACCOUNT:** To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. **WHAT THIS MEANS FOR 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.

PLEASE CHOOSE ONE:  INDIVIDUAL APPLICATION  JOINT APPLICATION if you intend to apply for joint credit initial here: Applicant \_\_\_\_\_ Co-Applicant \_\_\_\_\_

## APPLICANT

LAST NAME FIRST NAME MIDDLE INITIAL MOTHER'S MAIDEN NAME (For Security Purposes)

STREET ADDRESS CITY STATE ZIP CODE YEARS AT ADDRESS

NAME OF LANDLORD OR MORTGAGE COMPANY  
 OWN  RENT

BIRTH DATE SOCIAL SECURITY NUMBER HOME PHONE  
( )

PREVIOUS STREET ADDRESS CITY STATE ZIP CODE YEARS AT ADDRESS

NAME OF EMPLOYER OR SOURCE OF INCOME POSITION OR TITLE BUSINESS PHONE NO. OF YEARS  
( )

PREVIOUS EMPLOYER (if less than 3 years at current position) POSITION OR TITLE BUSINESS PHONE NO. OF YEARS  
( )

GROSS MONTHLY INCOME\* OTHER INCOME\* SOURCE OF OTHER INCOME  
\$ \$

\*ALIMONY, CHILD SUPPORT OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT WISH IT TO BE CONSIDERED AS A BASIS FOR REPAYING THIS OBLIGATION.

NAME OF CLOSEST RELATIVE NOT LIVING WITH YOU HOME PHONE ADDRESS OF CLOSEST RELATIVE  
( )

## CO-APPLICANT

Complete the following questions about your spouse only if you live in a community property state, or if you choose to rely on the income or assets of your spouse. If you have a co-applicant or are requesting an authorization for a user of the account, provide information about that person. If you are relying on alimony, child support, or separate maintenance payments or on the income or assets of another person, complete regarding that person.

NAME OF SPOUSE/CO-APPLICANT BIRTH DATE SOCIAL SECURITY NUMBER  
/ /

BUSINESS EMPLOYER OR SOURCE OF INCOME POSITION OR TITLE BUSINESS PHONE NO. OF YEARS  
( )

GROSS MONTHLY INCOME\* OTHER INCOME\* SOURCE OF OTHER INCOME  
\$ \$

\*ALIMONY, CHILD SUPPORT OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT WISH IT TO BE CONSIDERED AS A BASIS FOR REPAYING THIS OBLIGATION.

## SIGNATURES

**LOAN APPLICATION CERTIFICATION:** Everything that I/we have stated in this application is correct to the best of my/our knowledge. I/We understand that you will retain this application whether or not it is approved. You are authorized to check my/our employment history and to ask questions about my/our credit experiences. This application is submitted to obtain credit. I/We authorize you to release information to others about my/our credit history with you and agree this application will remain your property whether this application is approved or not. I/We have read the Credit Insurance Disclosure and understand that the purchase of Credit Account Protector is optional.

**STATE LAW DISCLOSURES:** Notice to New York State Residents: Consumer reports may be requested in connection with the processing of your application and any resulting account. Upon request, we will inform you of the names and addresses of any consumer reporting agencies which have provided us with such reports. Notice to Ohio Residents: 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 Married Wisconsin Residents: No agreement, individual statement, or court order applying to marital property will adversely affect the creditor's interest unless the creditor, prior to the time credit is extended, is furnished with a copy of the agreement, statement, or order, or has actual knowledge of the adverse provision when the obligation to the creditor is incurred. Notice to California Residents: Regardless of your marital status, you may apply for credit in your name alone.

SIGNATURE OF APPLICANT DATE SIGNATURE OF CO-APPLICANT (if applicable) DATE  
X / / X / /

## INTERNAL USE ONLY

Bank #3861

EMPLOYEE CODE: (Not to exceed 5 alpha or numeric characters)

CL \_\_\_\_\_ CDS \_\_\_\_\_ DT \_\_\_\_\_ BY \_\_\_\_\_

## OPTIONAL CREDIT ACCOUNT PROTECTOR

### CREDIT INSURANCE DISCLOSURE

The purchase of insurance is optional. The extension of credit cannot be conditioned on either: (a) The consumer's purchase of an insurance product or annuity from the lender or any of its affiliates, or (b) The consumer's agreement not to obtain, or a prohibition on the consumer from obtaining, an insurance product or annuity from any unaffiliated entity.

Yes! Please enroll me in the optional CAP insurance program. I have read and understood the insurance and cost disclosures as described herein.

Signature \_\_\_\_\_ Birth Date / /  
(primary/first named applicant)

	<b>NON-MILEAGE CARD</b>	<b>FLEX MILES</b>
<b>Annual Percentage Rate</b>	<b>16.15%</b>	<b>16.15%</b>
<b>Monthly Periodic Rate</b>	1.346%	1.346%
<b>Variable Rate Information</b>	Your APR may vary. The rate is determined by adding a margin of 7.9% to the Index. See explanation below.*	Your APR may vary. The rate is determined by adding a margin of 7.9% to the Index. See explanation below.*
<b>Penalty APR</b>	Up to 21%. See explanation below.**	Up to 21%. See explanation below.**
<b>Annual Fee</b>	None	\$79 per Account
<b>Grace Periods</b>	25 days for purchases. No grace period for Cash Advances.	25 days for purchases. No grace period for Cash Advances.
<b>Method of Computing Balances for Purchases and Cash Advances</b>	Average daily balances (including New Purchases and Cash Advances).	Average daily balances (including New Purchases and Cash Advances).
<b>Cash Advance Fee</b>	2% of the amount of the Cash Advance subject to a minimum fee of \$2.	2% of the amount of the Cash Advance subject to a minimum fee of \$2.
<b>International Transaction Fee</b>	One percent of the U.S. dollar amount of the transaction converted from a foreign currency.	One percent of the U.S. dollar amount of the transaction converted from a foreign currency.
<b>Additional Fees</b>	Late payment: \$29 Over-the-limit: \$29 NSF: \$29 Pay-By-Phone:\$10	Late payment: \$29 Over-the-limit: \$29 NSF: \$29 Pay-By-Phone:\$10

\* The Annual Percentage Rate (APR) will vary based on changes in the Index (the National Prime Rate published in the Wall Street Journal). The Index will be adjusted on the 25th day of each month or the business day preceding the 25th day if that day falls on a weekend or a holiday recognized by the Federal Reserve Bank. Changes in the Index will take effect beginning with the first billing cycle in the Month following a change in the Index. Increases or decreases in the Index will cause the APR and monthly periodic rate to fluctuate, resulting in increased or decreased Finance Charges on the Account. As of November 24, 2006, the Index was 8.25%. The Account will never have an APR over 21%.

\*\* If you allow your Account to become 60 days past due, we may increase your Annual Percentage Rate (APR) on all balances to a higher APR equal to the Index plus a margin of 10.9% up to a maximum of 21%. However, if your APR is increased, your Account may become eligible for a lower APR if you make timely payments for three consecutive months.

The information about the Cost described in this table is accurate as of December 1, 2006. This information may change after that date. To find out what may have changed, call us at 800-367-7576 or write Card Service Center, P.O. Box 569120, Dallas, Texas 75356-9120.