



23 Third Avenue, P.O. Box 130
 Baileyville, Maine 04694
 Tel: (207) 427-3333
 Fax: (207) 427-3808

Date _____
 Account Number _____
 CLOSED END CREDIT CARD

Application For All Credit

MARRIED APPLICANTS may apply for a separate account. **Check the type of credit account you wish to apply for.**

- Individual Credit** - You must complete the applicant section about yourself and the other section about your spouse if: You live in a community property state (AK, AZ, CA, ID, LA, NM, NV, P.R., TX, WA, WI) or your Spouse will use the account, or you are relying on your spouse's income as a source of repayment.
- Joint Credit** - If you are applying for a joint account or an account that you and another person will use, you must complete the applicant and other section.

You intend to apply for joint credit. Applicant Signature **X** _____ Co-Applicant Signature **X** _____

APPLICANT INFORMATION

First Name	Middle	Last Name	Have you ever had credit in any other name?	Social Security Number	Home Phone Number
Current Street Address (Do not use P.O. Box No.)			Apt. No.	Since	What name?
City			State	ZIP Code	Years There
Previous Address			Driver's License No.	State	Date of Birth
					Number of Dependents

Name, address and phone # of two (2) nearest relatives not living with you:

Name _____ Relationship _____ Address _____ Phone # _____

Name _____ Relationship _____ Address _____ Phone # _____

Name, address and phone # of two (2) personal references (not relatives):

Name _____ Address _____ Phone # _____

Name _____ Address _____ Phone # _____

EMPLOYMENT INFORMATION

Current Employer	Date Employed	Business Phone	Position or Title
Employer's Street Address		Name of Supervisor	Monthly Gross Income
City	State	ZIP Code	\$
Supervisor Phone # / Location		Are you on sick leave?	If yes, what is your expected return date?
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Previous Employer	Years There	Previous Employer Phone #	
Previous Employer Street Address	City/State	ZIP Code	Source and Amount of Other Income*
			\$ _____ per
			Other Income Since

* You need not list income from alimony, child support or maintenance unless you want it considered for this loan. Alimony, child support or separate maintenance income need not be revealed to have it considered as a basis for repaying this obligation.

Alimony, child support, separate maintenance received under: court order written agreement oral understanding

Is any income listed in the above section likely to be reduced in the next two years? Yes Explain in detail on the separate sheet No

Have you ever received credit from us? _____ When? _____ Office: _____

Checking or Share Account? _____ Savings or Share Account? _____

OTHER APPLICANT INFORMATION JOINT APPLICANT CO-SIGNER/GUARANTOR

First Name	Middle	Last Name	Have you ever had credit in any other name?	Social Security Number	Home Phone Number
Current Street Address (Do not use P.O. Box No.)			Apt. No.	Since	What name?
City			State	ZIP Code	Years There
Previous Address			Driver's License No.	State	Date of Birth
					Number of Dependents

Name of nearest relative not living with you _____ Address _____ City _____ State _____ ZIP Code _____

Phone Number _____ Relationship _____

EMPLOYMENT INFORMATION

Current Employer	Date Employed	Business Phone	Position or Title
Employer's Street Address		Name of Supervisor	Monthly Gross Income
City	State	ZIP Code	\$
Supervisor Phone # / Location		Are you on sick leave?	If yes, what is your expected return date?
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Previous Employer	Years There	Previous Employer Phone #	
Previous Employer Street Address	City/State	ZIP Code	Source and Amount of Other Income*
			\$ _____ per
			Other Income Since

* You need not list income from alimony, child support or maintenance unless you want it considered for this loan.

INFORMATION ABOUT YOUR ASSETS			Mark X if Asset is pledged as collateral for another loan.		
Applicant		Institution Name	Current Balance	Other Assets	Value
<input checked="" type="checkbox"/>	Other Applicant	Exclude Down East Credit Union Accounts			
			\$		\$
			\$		\$

INFORMATION ABOUT YOUR DEBTS					
Applicant		CREDITOR NAME AND ADDRESS		Current Balance	Monthly Payment
<input checked="" type="checkbox"/>	Other Applicant	If purpose is bill consolidation, indicate with asterisk (*) loans to be paid off.			
	<input type="checkbox"/> Mortgage	Account Number		\$	\$
	<input type="checkbox"/> Rent			\$	\$
	Misc. (auto loans, finance company, credit cards, etc. other than utilities)			\$	\$
	Misc.			\$	\$

If you are applying for a credit card, this is your required credit card disclosure.

CREDIT CARD DISCLOSURE								
<input type="checkbox"/> Please issue an additional card in the name of: _____								
I authorize the named person to use the card and accept full responsibility for all charges and cash advances just as if I made them.								
	ANNUAL PERCENTAGE RATE for purchases		ANNUAL PERCENTAGE RATE for cash advances		Grace period for Purchases	INTERNATIONAL TRANSACTION FEE	Method for Computing the Balance for Purchases	ANNUAL FEE
	LOW	HIGH	LOW	HIGH			AVERAGE DAILY BALANCE (excluding new purchases)	9.9% - None 15.9% - None 16.9% - \$10.00 17.9% - \$10.00 Your annual fee will be determined by your credit rating.
VISA	9.9%	17.9%	9.9%	17.9%	25 DAYS*	1%		

LATE FEE: \$10.00 if more than 15 days late.

OVERLIMIT FEE: \$20.00 when your outstanding balance exceeds your credit limit.

The information about the costs of the card described in this application is accurate as of February 2007. The information may have changed after that date. To find out what may have changed, call or write to us at the number of location shown on the reverse.

*A Finance Charge will be imposed on the Credit Purchases only if you elect not to pay the entire New Balance shown on your monthly statement for the previous billing cycle within 25 days from the closing date of that statement. If you elect not to pay the entire New balance shown on your previous monthly statement within that 25 day period, a Finance Charge will be imposed on the unpaid average daily balance of such Credit Purchases from the previous statement closing date on new Credit Purchases from the date of posting to your account during the current billing cycle, and will continue to accrue until the closing date of the billing cycle preceding the date on which the entire New Balance is paid in full or until the date of payment is for than 25 days from the closing date.

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 Purchases 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 Charge. A finance charge will be assessed on cash advances from the date of the cash advance, or the first day of the billing cycle in which the cash advance is posted, whichever is later, and will continue to accrue until payment in full is posted.

X _____ **INITIAL. As security for any advance to you or on your behalf, you pledge to the Credit Union all present and future shares you have in any account in the Credit Union in which you have an interest, excepting those accounts that may have an adverse tax consequence. If you default, we may apply those funds to the outstanding balance of your loans with us at our discretion, including Visa debt.**

NOTICE: You agree and attest that your name and address shown herein is your legal name and the place of your residence, and such address is the proper address for all notice(s) required by this Application, and you further understand that any changes in this address must be submitted to us in writing to be effective.

It is the Credit Union's policy to not discriminate against any applicant with respect to race color, religion, national origin, sex, marital status, age, the receipt of public assistance, part time income, or exercising rights under any consumer protection credit act. In addition, it is our policy not to discriminate based on family status or a handicap in the extension of credit for housing. It is the Credit Union's intent to comply with all consumer protection statutes and regulations.

You agree that everything stated in this application whether oral, written or through FAX machine is true and correct to the best of your knowledge. You expressly authorize Down East Credit Union or its agent to investigate your credit worthiness, employment history (work record) or any other information, and to obtain a credit report now and hereafter and to report your credit experience to others. You understand that any false or misleading statements in your application may cause the loan to be in default. You understand that it is a federal crime punishable by fine or imprisonment or both, to knowingly make any false statements of any of the above facts under the provisions of the United States Criminal Code. If there are any important changes, you will notify us in writing immediately. You also agree to notify us, of any change in your name, address or employment within a reasonable time thereafter. You agree that this application is the credit union's property whether or not this credit application is approved.

If you applied for and are approved for a Visa credit card, by signing below, using or permitting another to use the credit card(s), you agree that you will be bound by the Visa agreement accompanying the credit card(s).

The USA Patriot Act requires that we obtain, verify, and record information that identifies each person who opens an account.

X _____ (Seal) _____ Date
Applicant's Signature

X _____ Date
Other Applicant's Signature

X _____ (Seal) _____ Date Loan Officer Signature
<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Amount \$ _____