

Married Applicants may apply for a separate account. Check the appropriate box to indicate Individual Credit or Joint Credit.

Individual Credit: Complete **Applicant** sections if only the applicant's income is considered for loan approval.
Complete **Applicant** and **Co-Applicant** sections: (1) if you are relying on income from alimony, child support, or separate maintenance or on the income or assets of another person as the basis for repayment of credit requested; (2) if you reside in a Community Property State; (3) if you are relying on property located in a Community Property State as a basis for repayment of the credit requested; or (4) if you are an Alaska resident subject to a community property agreement or community property trust. Community Property States include: AZ, CA, ID, LA, NM, NV, TX, WA, and WI.

Joint Credit: Complete **Applicant** and **Co-Applicant** sections if your co-applicant will be contractually liable for repayment of the loan and initial below:
We intend to apply for joint credit. _____ (Applicant Initials) _____ (Co-Applicant Initials)

Type of Card Requested: Visa Platinum _____
 Visa Classic _____
 Youth Visa _____

Number of Cards Requested: _____

Credit Limit Requested: \$ _____
If authorized user, name: _____

SEE REVERSE SIDE FOR IMPORTANT INFORMATION ABOUT CREDIT CARDS

Repayment: Payroll Deduction Billing Notice Automatic Payment Web Pay Other

APPLICANT				<input type="checkbox"/> CO-APPLICANT		<input type="checkbox"/> NON-APPLICANT SPOUSE/OTHER		<input type="checkbox"/> GUARANTOR	
NAME (Last – First – Initial)		ACCOUNT NUMBER		NAME (Last – First – Initial)		ACCOUNT NUMBER			
SOCIAL SECURITY NUMBER		MOTHER'S MAIDEN NAME		SOCIAL SECURITY NUMBER		MOTHER'S MAIDEN NAME			
E-MAIL ADDRESS		FAX NUMBER		E-MAIL ADDRESS		FAX NUMBER			
BIRTH DATE	HOME PHONE/CELL PHONE	BUSINESS PHONE/EXT		BIRTH DATE	HOME PHONE/CELL PHONE	BUSINESS PHONE/EXT			
PRESENT ADDRESS (Street – City – State – Zip)		<input type="checkbox"/> OWN <input type="checkbox"/> RENT YEARS/MONTHS AT THIS ADDRESS		PRESENT ADDRESS (Street – City – State – Zip)		<input type="checkbox"/> OWN <input type="checkbox"/> RENT YEARS/MONTHS AT THIS ADDRESS			
PREVIOUS ADDRESS (Street – City – State – Zip)				PREVIOUS ADDRESS (Street – City – State – Zip)					
PURCHASE PRICE OF HOME: \$		PRESENT HOME VALUE: \$		PURCHASE PRICE OF HOME: \$		PRESENT HOME VALUE: \$			
MORTGAGE BALANCE \$		MONTHLY PAYMENT (MORTGAGE/RENT) \$		MORTGAGE BALANCE \$		MONTHLY PAYMENT (MORTGAGE/RENT) \$			
PLEASE COMPLETE ONLY IF YOU ARE APPLYING FOR JOINT CREDIT, SECURED CREDIT, OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE.					PLEASE COMPLETE ONLY IF YOU ARE APPLYING 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)					<input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED (Single – Divorced – Widowed)				

EMPLOYMENT

NAME AND ADDRESS OF EMPLOYER		NAME AND ADDRESS OF EMPLOYER	
HIRE DATE	POSITION	HIRE DATE	POSITION
PRIOR EMPLOYER		PRIOR EMPLOYER	

INCOME

OTHER INCOME NOTICE: Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered.		OTHER INCOME NOTICE: Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered.	
INCOME \$	PER	INCOME \$	PER

REFERENCES

NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU		HOME PHONE		NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU		HOME PHONE	
		RELATIONSHIP				RELATIONSHIP	

STATE NOTICES

OHIO RESIDENTS ONLY: 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.

WISCONSIN RESIDENTS ONLY: Marital Status: Married Unmarried Legally Separated
If married: the name of my spouse is _____
Spouse's SSN: _____ Spouse's Address (if different) _____

Notice: 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.

MARRIED WISCONSIN RESIDENTS APPLYING FOR AN INDIVIDUAL ACCOUNT: In accordance with Wisconsin Statutes section 766.55(1) by signing here, I state that the credit being applied for, if granted, will be incurred in the interest of the marriage or family of the Borrower(s).
X

SECURITY INTEREST

THE GRANTING OF THIS SECURITY INTEREST IS A CONDITION FOR THE ISSUANCE OF CREDIT UNDER THIS APPLICATION.

IF YOUR APPLICATION IS APPROVED, YOU SPECIFICALLY GRANT US A CONSENSUAL SECURITY INTEREST IN ALL INDIVIDUAL AND JOINT ACCOUNTS YOU HAVE WITH US NOW AND IN THE FUTURE TO SECURE REPAYMENT OF CREDIT EXTENDED UNDER THIS AGREEMENT. YOU ALSO AGREE THAT WE HAVE SIMILAR STATUTORY LIEN RIGHTS UNDER STATE AND/OR FEDERAL LAW. IF YOU ARE IN DEFAULT, WE CAN APPLY YOUR SHARES TO THE AMOUNT YOU OWE.

Shares and deposits in an Individual Retirement Account or any other account that would lose special tax treatment under state or federal law if given are not subject to this security interest.

If you have other loans with us, collateral securing such loans will also secure your obligations under this Agreement, unless that other collateral is your principal residence or non-purchase money household goods.

_____ (Applicant Initials) _____ (Co-Applicant Initials)

CREDIT CARD APPLICATION SIGNATURES - PLEASE READ BEFORE SIGNING

All the information in this application is true. I understand that section 1014 Title 18 U.S. Code makes it a federal crime to knowingly make a false statement on this application. You have my permission to check it. You may retain this application even if not approved. I understand that you may receive information from others about my credit and you may answer questions and requests from others seeking credit or experience information about me or my accounts with you. If this application is approved, I agree to honor the provisions of the credit or loan agreement and security agreement or credit card agreement covering my account or loan. (If this application is for two of us, this statement applies to both of us.)

Consumer and Credit Report Authorization. By signing this Application, I authorize you to obtain my consumer and/or credit report for the purposes of evaluating this application and to obtain subsequent credit reports on an on-going basis in connection with this transaction, and for all other legitimate purposes, such as reviewing my accounts or taking collection action on the account. I authorize you to receive and review other information about me, such as my employment and income information, from third-parties or consumer reporting agencies.

Vermont Residents: Applicant provided consent via phone _____ (Credit Union Initials)

IMPORTANT NOTICE ABOUT PROCEDURES FOR OPENING A NEW 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 me: When I open an account, you will ask for my name, address, date of birth, and other information that will allow you to identify me. You may also ask to see my driver's license or other identifying information.

SIGNATURE OF APPLICANT X	DATE	SIGNATURE OF CO-APPLICANT X	DATE
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HAVE YOU OMITTED ANYTHING? REMEMBER: INCOMPLETE APPLICATIONS CANNOT BE PROCESSED.

VISA[®] Credit Card Application



Local Phone: (425) 405-9973 • Toll Free: 1-844-SnoCope
Loan Fax: (425) 259-3885 • www.SnoCope.org
3130 Rockefeller Ave. • Everett, WA 98201

SnoCope Credit Union

Member defined.

APPLICATION AND DISCLOSURES for CONSUMERSAFE DEBT PROTECTION PLAN

This Product is Optional. Your purchase of the ConsumerSafe Debt Protection Plan ("Plan") is optional. Whether or not you purchase this protection will not affect your application for credit or the terms of any existing credit agreement you have with the Financial Institution. You may cancel the Program at any time. See the Program Agreement for an explanation of how the Program may be terminated.

	Plan 1*: Plan # 512648		Plan 2*: Plan # 512649		Plan 3*: Plan # 512650	
I ELECT: (Check only one box)	Death: cancels loan balance Disability: cancels 6 Payments Involuntary Unemployment: cancels 3 Payments <input type="checkbox"/> Single <input type="checkbox"/> Joint		Death: cancels loan balance Disability: cancels 6 Payments <input type="checkbox"/> Single <input type="checkbox"/> Joint		Death: cancels loan balance <input type="checkbox"/> Single <input type="checkbox"/> Joint	
Cost per \$1,000 monthly outstanding loan balance:	\$2.69	\$4.86	\$1.57	\$2.76	\$0.71	\$1.13
Estimated Total Fee: (closed-end loans only)	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
* Benefit Maximums: Death Protection cancels a maximum of \$75,000 . Cancellations listed are per occurrence. Monthly cancellations are limited to \$1,000 per month and a total of \$15,000 over the term of the loan, per each Protected Event and per each protected Borrower.						
<input type="checkbox"/> No, I do not wish to apply for the voluntary ConsumerSafe Debt Protection Plan at this time. _____ (Borrower 1 initials) _____ (Borrower 2 initials)						

Application Eligibility:

To be eligible to apply, I must meet the following conditions. By signing this Application, I am stating that: (1) I am under age 70; (2) *if applying for Death or Disability protection:* During the last 2 years, I have not been advised of or treated for: cancer, heart attack or coronary artery disease, stroke, cirrhosis, AIDS, or any disorder of my immune system, or had any test showing evidence of antibodies to the AIDS virus (a positive HIV test); (3) *if applying for Disability protection:* I am presently working twenty-four (24) or more hours per week; and (4) *if applying for Involuntary Unemployment:* I am not self-employed, and I have not received unemployment benefits within the past 2 years.

BORROWER'S SIGNATURE

I acknowledge and agree that: (a) I meet the eligibility requirements listed above. If it is discovered that I do not meet the eligibility requirements above, my participation in the Plan will be terminated, I will receive a refund of any fees paid, and an otherwise valid claim will be denied; (b) I have received and thoroughly read the *ConsumerSafe Debt Protection Plan Agreement ("Agreement")*, and agree to abide by the terms of the Agreement; (c) I authorize the Plan fees to be added to my loan each month; and (d) I understand that I may not be eligible for all benefits contained in the Plan. This document is hereby incorporated into Borrower's loan documentation as if fully set forth therein. **There are eligibility requirements, conditions, and exclusions that could prevent you from receiving benefits under the Program. See the Program Agreement for details.**

BORROWER 1 SIGNATURE	DATE
X	

BORROWER 2 SIGNATURE (if applying for Joint Protection)	DATE
X	

IMPORTANT CREDIT CARD DISCLOSURES

The following disclosure represents important details concerning your credit card. The information about costs of the card is accurate as of _____. You can contact us at (425) 405-9973 (if you request, we will reverse any long distance charges that may be applicable) or the address on the reverse side to inquire if any changes occurred since the effective date.

INTEREST RATES and INTEREST CHARGES:			
	Visa Platinum	Visa Classic	Youth Visa
Annual Percentage Rate (APR) for Purchases, Cash Advances, & Balance Transfers	9.00%	13.50%	16.00%
Penalty APR and When it Applies	None		
Paying Interest	Your due date is at least 21 days after we mail your billing statement. We will not charge you interest on purchases if you pay your entire new purchase balance by the due date each month. We will begin charging interest on cash advances and balance transfers on the date the cash advance or balance transfer is posted to your account.		
Minimum Interest Charge	None		
For Credit Card Tips from the Consumer Financial Protection Bureau	To learn more about factors to consider when applying for or using a credit card, visit the website of the Consumer Financial Protection Bureau at http://www.consumerfinance.gov/learnmore		

FEES:			
	Visa Platinum	Visa Classic	Youth Visa
Fees to Open or Maintain your Account			
• Annual Fee:	\$25.00	None	None
Transaction Fees			
• Balance Transfer:	None		
• Cash Advance:	None		
• Foreign Transaction:	1.00% of each transaction in U.S. dollars if the transaction involves a currency conversion 0.80% of each transaction in U.S. dollars if the transaction does not involve a currency conversion		
Penalty Fees			
• Late Payment:	\$20.00 if your payment is 10 or more days late.		
• Over-the-Credit Limit:	None		
• Returned Payment:	\$20.00 if your payment is returned for any reason.		

How We Will Calculate Your Balance: We use a method called "average daily balance (including new purchases)."