

In order for this application to be complete, it should have an attached document with important rate and fee information. If there is not an attachment, please call our Visa Department at (708) 649 6430 or at (800) 750 3660 if outside Chicago area.

# C3 VISA PLATINUM APPLICATION

Central Credit Union Of Illinois, 1001 Mannheim Road, Bellwood, Illinois 60104  
 Visa Department (708) 649-6430 • FAX (708) 649-6429 • www.centralcu.org

## APPLICANT

MEMBER ACCOUNT NUMBER \_\_\_\_\_ REQUESTED CREDIT LIMIT (\$250-\$1,500) \_\_\_\_\_

APPLICANT'S FULL NAME LAST		FIRST	INITIAL	DATE OF BIRTH	SOCIAL SECURITY NO.
STREET ADDRESS / APT #		CITY		STATE	ZIP CODE
TELEPHONE NUMBER ( )					
ARE YOU EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO		PRESENT POSITION		PRESENT EMPLOYER	
BUSINESS ADDRESS		CITY		STATE	ZIP CODE
ARE YOU A FULL-TIME STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO		SCHOOL'S NAME		BUSINESS PHONE NO. ( )	
		SCHOOL'S CITY		SCHOOL'S STATE	

## CO-APPLICANT

A CO-APPLICANT IS REQUIRED FOR THIS ACCOUNT.

<input type="checkbox"/> I ACKNOWLEDGE I AM APPLYING FOR A JOINT ACCOUNT WITH THE ABOVE-LISTED APPLICANT.					
CO-APPLICANT'S FULL NAME LAST		FIRST	INITIAL	DATE OF BIRTH	SOCIAL SECURITY NO.
STREET ADDRESS / APT #		CITY		STATE	ZIP CODE
TELEPHONE NUMBER ( )		RELATIONSHIP TO APPLICANT <input type="checkbox"/> PARENT <input type="checkbox"/> LEGAL GUARDIAN			NO. OF DEPENDENTS
PRESENT POSITION		PRESENT EMPLOYER		HOW LONG _____YRS. _____MOS.	MONTHLY INCOME (GROSS)
BUSINESS ADDRESS		CITY		STATE	ZIP CODE
INCOME FROM ALIMONY, CHILD SUPPORT OR SEPARATE MAINTENANCE PAYMENTS NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED AS A BASIS FOR REPAYING THIS OBLIGATION.		MONTHLY AMOUNT OF OTHER INCOME \$		SOURCE OF OTHER INCOME	
LANDLORD OR MORTGAGE HOLDER		MONTHLY PAYMENT	MORTGAGE BALANCE	ESTIMATED VALUE	HAVE YOU EVER DECLARED BANKRUPTCY? <input type="checkbox"/> YES <input type="checkbox"/> NO
CHECKING ACCOUNT: NAME OF DEPOSITORY			SAVINGS ACCOUNT: NAME OF DEPOSITORY		

This statement is submitted to obtain credit and I (we) certify that all information herein is true and complete. I (We) also authorize the credit union to verify or obtain further information the credit union may deem necessary concerning my (our) credit standing. If this application is approved and a C3 Visa Platinum card(s) issued, the undersigned applicant(s) by signing, using or permitting another to use the C3 Visa Platinum card(s) agree(s) that the applicant(s) will be bound by the terms and conditions accompanying the C3 Visa Platinum card(s) and all amendments. **I (We) understand that by signing below, I (we) pledge to you a security interest in my (our) share account including paid shares and future payments on shares to secure my (our) C3 Visa Platinum account. I (We) authorize you to apply these share holdings to pay any amounts due to the account if I (we) should default.**

APPLICANT'S SIGNATURE X	DATE	CO-APPLICANT'S SIGNATURE X	DATE
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**Please note: In order to be issued a C3 Visa Platinum card, you must be a member of the credit union.**

The information about the costs of the card described in this application is current as of 7/10. To find out what information may have changed, call us at (708) 649-6430 or at (800) 750-3660 if outside Chicago area.

### CREDIT UNION USE ONLY

C3 VISA PLATINUM NUMBER	COMMENTS / CONDITIONS	CREDIT LIMIT	<input type="checkbox"/> APPROVED <input type="checkbox"/> REJECT	DATE	LOAN OFFICER
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**CENTRAL CREDIT UNION OF ILLINOIS**