

TONAWANDA VALLEY FEDERAL CREDIT UNION

MasterCard Application

Standard MasterCard Gold MasterCard

If you apply but do not qualify for a Gold MasterCard, but do qualify for a Standard MasterCard, we will issue a Standard MasterCard.

* See back of form for rate information.

Proof of Income Required.

Credit Limit Requested: \$ _____

ACCOUNT # _____

APPLICANT _____

Present Address _____

City/State _____ Zip _____

How Long _____ Own _____ Rent _____

Previous Address _____

City/State _____ Zip _____

How Long _____ Own _____ Rent _____

Social Security No. _____

Date of Birth _____ Telephone No. _____

Present Employer _____

How Long _____ Phone _____ Annual Income _____

Payment frequency _____ weekly _____ biweekly _____ monthly

NOTE: Alimony, child support, or other maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this loan.

Other Income _____ Source _____

Previous Employer _____ How Long _____

ACCOUNT # _____

CO-APPLICANT _____

Present Address _____

City/State _____ Zip _____

How Long _____ Own _____ Rent _____

Previous Address _____

City/State _____ Zip _____

How Long _____ Own _____ Rent _____

Social Security No. _____

Date of Birth _____ Telephone No. _____

Present Employer _____

How Long _____ Phone _____ Annual Income _____

Payment frequency _____ weekly _____ biweekly _____ monthly

NOTE: Alimony, child support, or other maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this loan.

Other Income _____ Source _____

Previous Employer _____ How Long _____

I AM INDEBTED TO THE FOLLOWING CREDITORS:

Please list mortgage or rent payment, all bank or finance company loans, credit cards, installment contracts, medical bills and other outstanding debts. List any debts you may have co-signed. NOTE: All current debts must be listed. Credit information is routinely checked and any debts discovered which are not listed below will delay or prevent the approval of this application.

| NAME OF CREDITOR | ACCT. NO. | ORIG. AMT. | BAL. | PMT. | NAME OF CREDITOR | ACCT. NO. | ORIG. AMT. | BAL. | PMT. |
|------------------|-----------|------------|------|------|------------------|-----------|------------|------|------|
| Rent-Mortgage | | | | | Rent-Mortgage | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

Are you liable for alimony, child support or separate maintenance? If yes, what is the amount & frequency of pmts. _____

Do you have any other loans or credit applications pending? If yes, provide creditor name(s) and dollar amt. _____

Have you been denied credit in last 6 months? _____

Do you have any outstanding judgments against you? If yes, attach explanation. _____

Have you ever declared bankruptcy? _____ (please attach explanation)

If yes, date of discharge _____

Name of nearest relative not living with you.

Name _____ Phone _____

Address _____

Name of friend. _____

Address _____

Are you liable for alimony, child support or separate maintenance? If yes, what is the amount & frequency of pmts. _____

Do you have any other loans or credit applications pending? If yes, provide creditor name(s) and dollar amt. _____

Have you been denied credit in last 6 months? _____

Do you have any outstanding judgments against you? If yes, attach explanation. _____

Have you ever declared bankruptcy? _____ (please attach explanation)

If yes, date of discharge _____

Name of nearest relative not living with you.

Name _____ Phone _____

Address _____

Name of friend. _____

Address _____

All statements made on this application are true and correct to the best of my knowledge. I understand that you will keep this application whether or not it is approved. You are authorized to check my credit and employment history and to answer questions about your credit experience with me. If I ask, you will disclose whether you requested a credit report and, if so, the name and address of the agency giving it. I promise to pay all costs of collecting the amounts I owe the Credit Union under this agreement, including court costs and reasonable attorney fees.

SIGNED _____ DATE _____

SIGNED _____ DATE _____

| | | |
|--|--|---|
| Annual Percentage Rate (APR) | Standard MasterCard 13.8% Gold MasterCard variable rate see below | You can fax this to: 585.344.2383 Tonawanda Valley Federal Credit Union PO BOX 398 Batavia, NY 14021 |
| Variable Rate Information (Gold MasterCard Only) | Your APR may change quarterly on the first day of the statement period beginning on or after January 1, April 1, July 1, and October 1. The variable APR is determined by adding 0 percentage points to the highest domestic prime rate most recently published in Money section of <i>USA Today</i> as of the first day of the immediately preceding month, but will never be less than 6% nor more than the highest rate permitted by law. | |
| Grace Period for Repayment of Balance for Purchases | No finance charges will be imposed for purchases itemized on your statement if you pay the entire Balance in full within 25 days, provided; (a) your statement shows no previous balance; or (b) you paid the previous balance in full by the due date shown on the previous statement. | |
| Cash Advances | No Transaction Fee imposed by the Credit Union | |
| Annual Fee | None | |
| Balance Computation method | Average daily balance (including new purchases). | |

***This form was printed as of May 15, 2006 using information that was accurate as of that date, and is subject to change after that date. To find out if rates and fees have changed since that time, call us at 1-800-722-8224 or 585-343-5627.**