

Texar Federal Credit Union CREDIT CARD REQUEST FORM

PLEASE INCLUDE
1. A recent paycheck stub, or latest 1040.

Please Print:

PERSONAL INFORMATION			
First Name		Middle	Last
Street Address			Apt. No.
City		State	Zip Code
Date if Birth (Mo/Dy/Yr) / /		Time at Present Address Years Months	Mother's Maiden Name
<input type="checkbox"/> Rent	<input type="checkbox"/> Own/Mortgage	<input type="checkbox"/> Board	
Monthly Payment: \$			
Home Telephone Number ()		Cell Phone Number ()	
Social Security Number -		Credit Union Member Number	

EMPLOYMENT AND INCOME			
Present Employer (Company Name)		Business Telephone Number ()	
Employer Street Address			
City		State	Zip Code
Current Position		Time With This Company Years Months	
Annual Income*	Annual Income <input style="width: 40px; border: none; text-align: center; font-family: monospace; font-size: 24px; margin-right: 5px;" type="text"/> <input style="width: 40px; border: none; text-align: center; font-family: monospace; font-size: 24px; margin-right: 5px;" type="text"/> <input style="width: 40px; border: none; text-align: center; font-family: monospace; font-size: 24px; margin-right: 5px;" type="text"/> , <input style="width: 40px; border: none; text-align: center; font-family: monospace; font-size: 24px; margin-right: 5px;" type="text"/> <input style="width: 40px; border: none; text-align: center; font-family: monospace; font-size: 24px; margin-right: 5px;" type="text"/> <input style="width: 40px; border: none; text-align: center; font-family: monospace; font-size: 24px; margin-right: 5px;" type="text"/> <input style="width: 40px; border: none; text-align: center; font-family: monospace; font-size: 24px; margin-right: 5px;" type="text"/>		*Income such as alimony, child support or separate maintenance income need not be disclosed if you do not wish to have it considered as a basis for repaying this obligation.
Previous Employer (if less than 2 years at present)		Time There Years Months	

JOINT APPLICANT INFORMATION		
First Name	Middle	Last
Street Address		Apt. No.
City	State	Zip Code
Date if Birth (Mo/Dy/Yr) / /	Time at Present Address Years Months	Mother's Maiden Name
<input type="checkbox"/> Rent	<input type="checkbox"/> Own/Mortgage	<input type="checkbox"/> Board
Monthly Payment: \$		Home Telephone Number ()

JOINT APPLICANT - EMPLOYMENT	
Present Employer (Company Name)	Business Telephone Number ()
Employer Street Address	
City	State
Current Position	Time With This Company Years Months
Annual Income*	*Income such as alimony, child support or separate maintenance income need not be disclosed if you do not wish to have it considered as a basis for repaying this obligation.

PERSONAL REFERENCE	
Name of a Close Friend or Relative Not Living With You	
Street Address	
City	State
Home Telephone Number ()	Cell Phone Number ()

DISCLOSURE AND SIGNATURE			
Authorization: I certify that I am at least 18 years if age, and that i have read and agree to all the terms, authorization and disclosures contained on the attached form and that everything I have stated in this certificate is true and correct. I authorize the credit union named on this certificate to check my credit record and to verify my credit, employment, and income references. I understand that the use of any card issued in conjunction with this offer will constitute my acceptance of and will be subject to the terms and conditions of this Card Agreement. I understand that the terms of my account are subject to change as provided in this Card Agreement			
X Signature		/ / Date (Mo. Day Yr.)	
X Joint/Cosigner Applicant Signature		/ / Date (Mo. Day Yr.)	