

CREDIT CARD APPLICATION

LIMIT REQUESTED:\$_____

**CU HAWAII**

Federal Credit Union

There are costs associated with the use of a credit card. Information about costs, rates and fees may be contained in disclosures provided with this application or by calling us toll-free at (800) 933-6706 or writing to us at 476 Hinano Street, Hilo HI 96720.

APPLICANT		CO-APPLICANT	
NAME (Last-First-Middle)		NAME (Last-First-Middle)	
SOCIAL SECURITY NUMBER	DATE OF BIRTH	SOCIAL SECURITY NUMBER	DATE OF BIRTH
MEMBER NUMBER		MEMBER NUMBER (If applicable)	
HOME PHONE	CELL PHONE	HOME PHONE	CELL PHONE
PRESENT ADDRESS		PRESENT ADDRESS	
PREVIOUS ADDRESS (if residing at present address less than 2 years)		PREVIOUS ADDRESS (if residing at present address less than 2 years)	
EMPLOYMENT STATUS X EMPLOYED X UNEMPLOYED X SELF-EMPLOYED X RETIRED		EMPLOYMENT STATUS X EMPLOYED X UNEMPLOYED X SELF-EMPLOYED X RETIRED	
NAME OF EMPLOYER	WORK PHONE	NAME OF EMPLOYER	WORK PHONE
JOB TITLE	START DATE	JOB TITLE	START DATE
GROSS MONTHLY INCOME / HOURLY RATE	HOURS PER WEEK	GROSS MONTHLY INCOME / HOURLY RATE	HOURS PER WEEK
OTHER INCOME	SOURCE	OTHER INCOME	SOURCE
PREVIOUS EMPLOYER (if employed less than 5 years)		PREVIOUS EMPLOYER (if employed less than 5 years)	
RENT OWN N/A LANDLORD/ MORTGAGE HOLDER	MONTHLY AMT	RENT OWN N/A LANDLORD/ MORTGAGE HOLDER	MONTHLY AMT
NAME, ADDRESS & PHONE# OF RELATIVE/FRIEND (not living with you)		NAME, ADDRESS & PHONE# OF RELATIVE/FRIEND (not living with you)	

By signing this Application you promise that everything you have stated herein is true and correct. If there are any changes you will notify us in writing immediately. You authorize the Credit Union to obtain reports in connection with this application for credit and for any update, increase, renewal, extension, or collection of the credit received. You understand that the Credit Union will rely on the information in this application and your credit report to make its decision. If you request, the Credit Union will tell you the name and address of any credit bureau from which it received a credit report about you. It is a crime to willfully and deliberately provide incomplete or incorrect information on this application. You understand that the use of your card will constitute acknowledgment of receipt and agreement to the terms of the Consumer Credit Card Agreement and Disclosure.

SIGNATURE OF APPLICANT	DATE	SIGNATURE OF CO-APPLICANT	DATE
X		X	
SIGNATURE OF CU HAWAII REPRESENTATIVE	DATE	SIGNATURE OF LOAN OFFICER OR CREDIT COMMITTEE	DATE
		SIGNATURE OF LOAN OFFICER OR CREDIT COMMITTEE	DATE

FOR CREDIT UNION USE:

X D X A L\$ C:	SB	SA
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D – DECLINED A – APPROVED L\$ – LIMIT APPROVED C – COMMENTS SB – SCORE BEFORE SA – SCORE AFTER