

Signature

I am app	lying for:
	Visa Classic
	Visa Platinum
	MaskanCand

CREDIT CARD AF	PLICATION								ard
Name – Primary Applicant		<del>-</del>	Social Secur	ity Number			Date of Birth		
Address	Cit	ty	State	Zip					
Mailing Address (if different)	City		State	Zip					
Cell Phone	Email				Seco	ondary Ema	ail		
Home Phone	Employer (also fill in	if self-employe	ed)	Employer Phone		Т	Length of Employm	ength of Employment	
Gross Monthly Income		Occupation				Mother's Maiden Name			
Additional Card or Authorized User? Please print name(s)			Number of Cards on Account		unt	Requested Credit Limit			
Name – Co-Applicant			Social Security Number			Date of Birth			
Address	Cit	ty	State	Zip					
Home Phone	Employer			Employer Phone		Leng	th of Employment		
Gross Monthly Income		Occupation	I			Mother's N	Maiden Name		
		C	REDIT IN	FORMATION					
Bank Name & Address	<del></del> 4		TALDIT III	ORMATION					
Checking Account # & Name(s) on Account Checking Acc			ccount # & Nam	unt # & Name(s) on Account			Savings Account # & Name(s) on Account		
Name & Address of Creditor						Monthly Payment B		Ralance on 4	Account
Name & Address of Creditor				WOTU		wioriany i	hthly Payment Balance on Account		tooodiit
nis statement is submitted to obtain ferences or verification may be give	en based on inquires from	other parties.	This offer is su	bject to the credit policies	s of The I	Exchange B	Bank of Alabama. I	I/We agree to b	e bound by th
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