



Date Individual Joint Co-signer Account No.

P E R S O N A L	First Name Middle Last		Date of Birth	L O A N	Amount Requested \$		Purpose	
	Social Security No.		Phone				<input type="checkbox"/> Single Credit Life <input type="checkbox"/> Joint Credit Life	
	Street Address		Length of Residence		Amount of Payment \$	<input type="checkbox"/> Disability <input type="checkbox"/> Joint Disability		
	City, State	Zip	County			Security Offered		
	Previous Address		Length of Prev. Res		Employer	City	Phone	
	Previous City, State Zip		Marital Status			Position	Start Date	Mo. Income <input type="checkbox"/> Gross <input type="checkbox"/> Net \$
Mortgage Holder/Landlord		Mortgage Pmt/Rent	Previous Employer					

S P O U S E	Complete spouse section and answer the questions in the "misc." and "debts" sections regarding you and your spouse or co-borrower.				*Support income need not be revealed if you do not wish it to be considered as income for repaying this obligation.			
	First Name Middle Last		Date of Birth	Employment	Start Date	Income <input type="checkbox"/> Gross <input type="checkbox"/> Net \$		
	Social Security No.		Phone	Present Position	Previous Employment	Length of Prev. Empl		

M I S C	Nearest relative NOT living with you:		Relationship to you	Personal reference (must not be related to you)			
	Name		Phone	Name		Phone	
	Address		Phone	Address		Phone	

CERTIFICATION AND DISCLOSURE				DEBTS					
<p>Notice: No provision of a marital property agreement, a unilateral statement under Wis. Statute sec. 766.59 or a court decree under Wis. Statute sec 766.70 adversely affects the interest of the credit union unless prior to the time the credit is extended, the credit union is furnished with a copy of the agreement statement or decree, or has actual knowledge of the adverse provision when the obligation to the credit union is incurred.</p> <p>I certify that the credit being applied for, if granted, will be incurred or obtained during marriage and will be in the best interest of the marriage or family. This statement is made in accordance with Wis. Statute sec. 766.55(1)</p> <p>Date: _____ Signature: X</p>				List all debts. Include any disputed debts and also any notes or contracts which you are a co-maker, co-signer or guarantor. Continue on separate page.					
				Creditor		Balance Owning		Monthly Pmt	
						\$		\$	
						\$		\$	
						\$		\$	
						\$		\$	
						\$		\$	
						\$		\$	
						\$		\$	
						\$		\$	

<p>I/we certify that the foregoing information has been supplied truthfully, accurately and voluntarily, and therefore authorize this credit union to investigate my/our creditworthiness, credit history and financial responsibility through any credit bureau or by any other reasonable means.</p> <p>We intend to apply for joint credit.</p> <p>Initial here: X X</p> <p>X Signature of Applicant</p> <p>X Signature of Co-applicant, if applicable</p>	<p>For joint account, spouse areas must be completed. On individual accounts, spouse information is necessary if you are in a Marital Community Property State. On individual accounts, spouse information is unnecessary if you are in a Non-Marital Community Property State.</p> <p>X Witness</p> <p>X Loan Officer</p>
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**Amendment to the Consumer Loan Application
for Heritage Credit Union Visa Credit Card**

Please provide primary card holder mother's maiden name:

Please choose type of card program then type of design:

Visa® Platinum

Primary | Joint

- Bacon Platinum
- Pink Sparkle Platinum
- Northwoods Platinum
- Design my own card online

Visa® Signature Reward

Primary | Joint

- Bacon Signature
- Pink Sparkle Signature
- Northwoods Signature
- Design my own card online

Visa® Platinum Secured

Primary | Joint

- Bacon Platinum
- Pink Sparkle Platinum
- Northwoods Platinum
- Design my own card online

I/We apply to Heritage Credit Union for a credit card account. I/we understand: My credit line will be determined after Heritage Credit Union receives my application; after credit verification should I/we not qualify for the card requested, I/we authorize the issuance of an alternative card pending credit qualification.

By signing as applicant, co-applicant, or cosigner or by using or permitting another person to use my Heritage Credit Union credit card, I/we agree to be bound by its terms and conditions within the Heritage Credit Union VISA® Consumer Credit Card Agreement, which will be mailed along with the credit card(s).

X

Applicant Signature

Date

X

Co-Applicant Signature (if applicable)

Date

Balance Transfer Request (optional)

Please allow up to 3 weeks for transfer to occur.

Financial Institution Name:

Balance to transfer: \$

APR on Existing Balance (if known):

Name(s) on account:

Address to send final payment:

address

city

state

zip

Credit Card Account Number:

Card Type:

VISA®

MasterCard

Department Store

AMEX

Other:

X

Applicant Signature

Date