

**Fax this application to
(614) 707-4095 or mail it to:
BMI FCU, P.O. Box 3670,
Dublin, OH 43016-0340.**

Loan/Visa Application



Check one

- VISA Platinum (\$500-\$15,000)
- Check here if you wish to increase the limit on your existing VISA
- Desired Credit Limit \$ _____
- Current Visa No. _____

Disclosures

Annual Percentage Rate for purchases (APR)	Visa Platinum as low as 9.90%* Young Consumer's Visa 13.90% Share Secured Visa 13.90%
Annual Percentage Rate (APR) for balance transfers and cash advances	Visa Platinum as low as 9.90%* Young Consumer's Visa 13.90% Share Secured Visa 13.90%
Minimum Finance Charge	None
Transaction Fee for purchases	None
Transaction Fee for cash advances	None
Grace period for purchases	25 day grace period, calculated from the statement closing date to the payment due date, in which you can pay the Purchases New Balance and any unpaid finance charges on Cash Advances shown on the statement to avoid a finance charge.
Balance computation method for purchases	Average Daily Balance Method (including current transactions)
Late payment, overlimit, and returned payment check fees	Late payment fee-\$20.00, 15 days after payment due date. Overlimit Fee - \$15.00. Returned Payment Check Fee - \$25.00

*The actual rate you receive will be between 9.90% and 17.90% based on your credit worthiness.



Loan Amount Requested \$ _____ Purpose _____

APPLICANT

First Name _____ Middle Initial _____ Last Name _____
 Credit Union Account Number _____ Social Security Number _____ Date of Birth _____
 Present Address _____ Home Phone () _____
(Street - City - State - Zip)
 Own Rent Monthly Payment _____ Payable To _____ Length of Residence? _____
 Number of Dependents _____ If Obligated To Pay Alimony or Child Support, How Much Per Month? _____
 Employer _____ Position _____
 Employer's Phone () _____ Starting Date _____ Gross Salary Per Month _____
 Previous Employer (If Above Less than 1 Year) _____
 Position _____ How Long? _____

CO-APPLICANT

This Co-Applicant must be a BMI Federal Credit Union Member

First Name _____ Middle Initial _____ Last Name _____
 Credit Union Account Number _____ Social Security Number _____ Date of Birth _____
 Present Address _____ Home Phone () _____
(Street - City - State - Zip)
 Own Rent Monthly Payment _____ Payable To _____ Length of Residence? _____
 Employer _____ Position _____
 Employer's Phone () _____ Starting Date _____ Gross Salary Per Month _____
 Previous Employer (If Above Less than 1 Year) _____
 Position _____ How Long? _____

NAME AND ADDRESS OF NEAREST RELATIVE (NOT LIVING WITH YOU):

_____ Relationship _____

Please issue my BMI FCU Visa Card(s) in the following name(s): _____
Please Print - Applicant Name Please Print - Co-applicant Name

NOTICE: The Ohio laws against discrimination require that all creditors make credit equally available to all credit worthy customers, and the credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.

Visa Applicants: By signing this agreement I/we agree to be governed by the terms and conditions of the Visa account as described in the disclosure statement and notice of billing rights which will be mailed to me. The statements herein are made for the purpose of obtaining credit and are true, accurate and complete to the best of my knowledge and belief. I/we understand that BMI FCU will retain application whether or not it is approved. BMI FCU is authorized to check my credit and employment history and to answer questions about my credit experience.

Applicant's Signature _____ Date _____

Co-Applicant's Signature _____ Date _____