## CHECK ACCOUNT CHOICE (signature required for joint application) Individual Account CREDIT-APPLICATION

Credit Limit Requested \$\_

☐ Joint Account \_\_\_\_\_ ☐ Credit Line Increase



IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT. To help the government fight the funding of terrorism and money laundering activities, Federal laws require all financial institutions to obtain, verify and record information that identifies each person who opens an Account. What this means to you: When you open an Account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's

licerise	or other identifying documents.										
APPLICANT  NOTE: All applicable sections should be filled out completely to avoid delay in processing your application	Last Name			First				Middle		Social Security Number	
	Date of Birth	Dependents		Home Phone		Cell Phone			Own Rent Other	Monthly Payment \$	
	Current Address		City			State		Zip Code	How Long (yrs)		
	Mailing Address (if different from above)			City			State	2	Zip Code	How Long (yrs)	
	Previous Address (if less than 2 years at present address			City			State 2		Zip Code	How Long (yrs)	
	Employer			Self Employed ☐ Yes ☐ No			Work Phone			Date Employed	
	Address Position / Occupation									Monthly Gross Income \$	
	Name and Address of Previous Employer (if less than 2 years at present employer)  How Long (yrs)										
	Source of additional income (income from alimony, child support or separate maintenance need not be revealed if it is not considered in deeming credit worthiness)  Amount per Month \$										
	Nearest Relative (Not living with you)						Home Phone			Relationship	
CO-APPLICANT Information about a Co-applicant is not required for an individual account	Last Name			First		Middle			Social Security Number		
	Date of Birth	Dependents		Home Phone ( )	Home Phone ( )		Cell Phone ( )		Own Rent Other	Monthly Payment \$	
LICAN Co-app dividual	Current Address		City			State		Zip Code	How Long (yrs)		
CO-APPLICANT tion about a Co-applica	Previous Address (if less than 2 years at present address			City			State	. 2	Zip Code	How Long (yrs)	
CC rmation equired	Employer				Self Employed ☐ Yes ☐ No			Phone		Date Employed	
Info	Address Position / Occupation							Monthly Gross Income \$			
VFO ional essany	Name and Address of Creditor		Name Under Which Account is Carried		rried	Account Number			Balance	Monthly Payment	
CREDIT INFO Attach additional sheets if necessary	Other Loans or Obligations										
SIGNATURES	Please read the following carefully before signing. This statement is submitted to obtain credit and I/we certify that all information herein is true and complete. I/We agree that inquiries may be made to verify information and that credit references or verification may be given based on inquiries from other parties. This offer is subject to all the credit policies of the institution. I/We agree to be bound by the terms and conditions of the cardholder agreement, a copy of which will be mailed to the applicant if this application is granted, receipt of such agreement and acceptance of such terms to be conclusively presumed by the applicant's use. If this is a joint application, the undersigned shall be jointly and severally liable for any and all credit extended from time to time. We may report information about your account to the credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.										
	X		Date X Applicant Sig			ignatu	ıre		 Date		
œ _	Upon approval, I wish to transfer my present balance on the credit card account(s) listed below to my new credit card account.										
TRANSFER OF BAL REQUEST	Credit Card Account Number Amount to be transferred \$										
	Signature										
FOR INTERNAL USE ONLY	Visa Account No.										
	Date Approved			Credit Line					Approved By		



## SUMMARY OF TERMS

Interest Rates and Interest Charges	<b>GOLD CARD</b> -	<b>CLASSIC CARD</b>				
Annual Percentage Rate (APR) for Purchases	9.89%	14.89%				
APR for Balance Transfers	9.89%	14.89%				
APR for Cash Advances	9.89%	14.89%				
Penalty APR	N/A					
Paying Interest	Your due date is at least 25 days after the close of each billing cycle. We will not charge you interest on purchases if you pay your entire balance by the due date each month. We will begin charging interest on cash advances and balance transfers on the transaction date.					
Minimum Interest Charge	None					
For Credit Card Tips from the Federal Reserve Board	To learn more about factors to consider when applying for o using a credit card, visit the website of the Federal Reserve Board at <a href="http://www.federalreserve.gov/creditcard">http://www.federalreserve.gov/creditcard</a>					
Fees						
Annual Fee	No Annual Fee					
Transaction Fees:  • Balance Transfer	N	None				
<ul> <li>Cash Advance</li> </ul>	None					
Foreign Transaction	Up to 1% of each tra	ansaction in U.S. dollars				
Penalty Fees:  • Late Payment  • Over-the-Credit Limit	If the minimum required payment is not received within 10 days after the closing date subsequent to the payment due date, a late payment fee of Up to \$20.00 will be imposed.  None  Up to \$25.00					
Returned Payment						
Other Fees:  Replacement Card	We may charge a fee of <b>\$10.00</b> for the loss and replacement of your credit card.					

How We Calculate Your Balance: We use a method called "average daily balance" including new purchases.

**Billing Rights:** Information on your rights to dispute transactions and how to exercise those rights is provided in your account agreement

**Changes:** We may add, change, or delete any of the terms of your Account and the corresponding Credit Card Agreement (including, but not limited to, Annual Percentage Rate, and other significant changes). Your Annual Percentage Rate will not increase during the first year of Account Opening. If your rate is increased, it will only apply to new transactions, 14 days after the effective date, of the rate increase. If notice is required, you will be notified at least forty-five (45) days prior to the effective date of the change. Notice may also include a statement of your right to reject the changes and cancel the account prior to the effective date.

The information about the costs of the credit card account described in this application is accurate as of December 1, 2010; this information may have changed after that date. To find out what may have changed, please call 507-823-4391 or write to First Independent Bank, P.O. Box 360, Russell, MN 56169. You agree that a credit report may be used in making the credit granting decision.