

VISA® Credit Card Application

_____ If you are applying for individual credit in your name, are not married, and are not relying on alimony, child support, or separate maintenance payments or on the income or assets of another person as the basis for repayment of the credit requested, complete only Section A. If the credit is to be secured, complete a Collateral Receipt.

_____ In all other situations, complete all Sections, providing information in Section B about your spouse, a joint applicant or user, or the person on whose alimony, support, or maintenance payments or income or assets are relying. If the requested credit is to be secured, complete Collateral Receipt.

If you intend to apply for joint credit, please initial here.

_____ Applicant _____ Co-Applicant

Yes, I want to authorize transactions that exceed my credit limit. I understand if I exceed my credit limit, I will be charged a fee.

Section A- INFORMATION REGARDING APPLICANT.

Applicant's Name (First, M.I., Last - Please print as it will appear on card)		<input type="checkbox"/> New Secured Visa <input type="checkbox"/> Limit Increase
Applicant's Address		Apt. No.
City	State	ZIP
Social Security	Date of Birth(Mo./Day/Yr.)	Driver's License Number
Member Number	Telephone Number	Other Contact Number
Employer's Name		
Employer's Address		
City	State	ZIP
Employer's Telephone Number	Date of Hire (Mo./Yr.)	Annual Income*
Residence : Rent _____ Own _____ Other _____	Years/ Months at residence Years _____ Months _____	Monthly Payment
Section B- INFORMATION REGARDING SPOUSE, JOINT APPLICANT		
Joint Applicant's Name (First, M.I.M Last- If applicable)		*Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.
Joint Applicant's Date of Birth (Mo./Day/Yr.)		
Social Security Number		
Member Number (If applicable)	Home Telephone Number	
Joint Applicant's Employer's Name		
Employer's Telephone Number	Date of Hire (Mo./Yr.)	Annual Income*

PLEASE READ, SIGN, AND DATE REQUEST

I hereby certify that all statements made are true and submitted for the purpose of obtaining credit, whether completed by me or by the Credit Union at my direction. In considering this application, the Credit Union may request and use a report from outside credit reporting agencies. They may also ask a reporting agency for other such reports in connection with the renewal or continuation of the credit for which I am applying. Upon request, the Credit Union will supply the name and address of the credit bureau providing such information. I acknowledge notice of this disclosure. If this application is approved and a VISA Platinum card(s) issued, I (we) agree by signing, using or permitting another to use the card(s) to be bound by the Cardholder Agreement accompanying the card(s), and which may be reissued to you from time to time. I agree that all advances under the VISA account will be secured by the shares and deposits in all joint and individual accounts I have with Dade County Federal Credit Union now and in the future. Shares and deposits in an Individual Retirement Account and any other that would lose special tax treatment under state or federal law is given as security under the VISA account or for any other loan may secure all amounts I owe Dade County Federal Credit Union now and in the future.

If you do not agree to the terms of the Over limit, you will not be allowed to exceed your credit limit.

Applicant's Signature _____ Date _____

Joint Applicant's Signature _____ Date _____

Issue 2nd card (same Account#) in name of authorized user: _____

You accept full responsibility for all changes, transfers or cash advances just as though you made them.

Important note for payment float: The availability of payments of \$2500 and greater will be held for 3 business days.

*Annual Percentage Rate (APR) is determined on, and may be adjusted as of the first business day of each quarter (January 1st, April 1st, July 1st, and October 1st) by adding a Margin to the Index (the highest Prime Rate published in The Wall Street Journal "Money Rates" table on the first business day of the previous month) The Margin is determined based on an evaluation of each Member's credit history, and will range from 4.65% to 14.65%. Your rate will never be more than 18% regardless of the prime rate quoted in the Wall Street Journal.

Any increase in the Annual Percentage Rate will take the form of additional payments shown as the Total Minimum Payments on the statement. Purchases, Cash Advances and Balance Transfers will be charged from 4.65 to 14.65 percentage points above the Index rate. If the Index is no longer available, Dade County Federal Credit Union will choose a new index that will be based upon comparable information.

The information above is accurate as of 1/6/2010. You can call or write us at the telephone or address shown herein if any changes occurred since the effective date. In Miami Dade (305) 471-5080, Toll Free (800) 299-7147. 1500 NW 107th Avenue, Doral, FL 33172