

Matadors Community Credit Union

CREDIT APPLICATION

P.O. Box 1052 • Northridge, CA 91328-1052
 (818) 993-6328 • FAX (818) 993-0324 • LOAN FAX (818) 341-5626
 www.matadors.org

APPLICATION FOR CREDIT

FOR YOUR FIRST TRANSACTION YOU REQUEST THE FOLLOWING ACCOUNT(S):		<input type="checkbox"/> MASTERCARD I WOULD LIKE CARDS ISSUED IN THE NAME OF: <input type="checkbox"/> APPLICANT ONLY <input type="checkbox"/> APPLICANT AND SPOUSE / CO-APPLICANT	YOU ARE APPLYING FOR
<input type="checkbox"/> NEW AUTO <input type="checkbox"/> USED AUTO <input type="checkbox"/> COMPUTER <input type="checkbox"/> MOTOR HOME	<input type="checkbox"/> SHARE CERTIFICATE <input type="checkbox"/> MOTORCYCLE <input type="checkbox"/> PERSONAL <input type="checkbox"/> LINE OF CREDIT		<input type="checkbox"/> BOAT <input type="checkbox"/> OTHER _____ _____ _____

NOTICE: MARRIED APPLICANTS MAY APPLY FOR AN INDIVIDUAL ACCOUNT. CHECK THE BOX INDICATING THE TYPE OF CREDIT YOU ARE APPLYING FOR:

INDIVIDUAL ACCOUNT
 JOINT ACCOUNT WITH YOUR SPOUSE
 JOINT ACCOUNT WITH SOMEONE OTHER THAN YOUR SPOUSE (CO-APPLICANT)

A. APPLICANT

MARITAL STATUS: CHECK ONE if you reside in or are relying on property in a community property state or if you are applying for secured credit or a joint account.

MARRIED
 SEPARATED
 UNMARRIED

APPLICANT'S NAME	CREDIT UNION ACCT. NO.
STREET ADDRESS	HOW LONG YRS.
CITY, STATE, ZIP	
PREVIOUS STREET ADDRESS	HOW LONG YRS.
CITY, STATE, ZIP (If less than 2 years total for current & previous - attach next prior address)	
HOME PHONE () ()	OFFICE PHONE NO. () ()
DEPENDENTS EXCLUDING SELF NO. AGES:	DRIVERS LIC. NO. STATE DATE OF BIRTH

B. SPOUSE/CO-APPLICANT

Complete this section if (1) this is to be a joint account with your spouse, (2) your spouse will use this account, (3) you live in a community property state (Arizona, California, Idaho, Louisiana, New Mexico, Nevada, Texas, Washington, and Wisconsin) or (4) you are relying on your spouse's income in applying for this account. This section must also be completed about your co-applicant if this is for a joint account with someone other than your spouse.

SPOUSE/CO-APPLICANT'S NAME	CREDIT UNION ACCT. NO.
STREET ADDRESS	HOW LONG YRS.
CITY, STATE, ZIP	
PREVIOUS STREET ADDRESS	HOW LONG YRS.
CITY, STATE, ZIP (If less than 2 years total for current & previous - attach next prior address)	
HOME PHONE () ()	OFFICE PHONE NO. () ()
DEPENDENTS EXCLUDING SELF NO. AGES:	DRIVERS LIC. NO. STATE DATE OF BIRTH

EMPLOYMENT: *PLEASE ATTACH INCOME VERIFICATION

You need not reveal income from alimony, child support or separate maintenance payments unless you want us to consider it in evaluating this application. *Please Verify

PRESENT EMPLOYER (If less than 2 years - attach history)

ADDRESS (Street, City, State, Zip)

JOB TITLE	DATE EMPLOYED	GROSS MONTHLY INCOME \$
OTHER INCOME		GROSS MONTHLY INCOME \$

EMPLOYMENT: *PLEASE ATTACH INCOME VERIFICATION

You need not reveal income from alimony, child support or separate maintenance payments unless you want us to consider it in evaluating this application. *Please Verify

PRESENT EMPLOYER (If less than 2 years - attach history)

ADDRESS (Street, City, State, Zip)

JOB TITLE	DATE EMPLOYED	GROSS MONTHLY INCOME \$
OTHER INCOME		GROSS MONTHLY INCOME \$

REFERENCES:

NEAREST RELATIVE (Not living with you)	PHONE NUMBER () ()
RELATIVE ADDRESS (Street, City, State, Zip)	
PERSONAL REFERENCE OR OTHER RELATIVE	RELATIONSHIP
PERSONAL REFERENCE ADDRESS (Street, City, State, Zip)	PHONE NUMBER () ()

REFERENCES:

NEAREST RELATIVE (Not living with you)	PHONE NUMBER () ()
RELATIVE ADDRESS (Street, City, State, Zip)	
PERSONAL REFERENCE OR OTHER RELATIVE	RELATIONSHIP
PERSONAL REFERENCE ADDRESS (Street, City, State, Zip)	PHONE NUMBER () ()

LIABILITIES AND LOANS

A=APPLICANT B=CO-APPLICANT C=BOTH

CREDITOR/CREDIT CARDS	ACCOUNT NUMBER	NAME & ADDRESS OF CREDITOR	PRESENT BALANCE	MONTHLY PAYMENT	
1ST MORTGAGE ON HOME / LANDLORD <input type="checkbox"/> LEASING <input type="checkbox"/> BUYING <input type="checkbox"/> RENTING					
2ND MORTGAGE					
OTHER PROPERTY					
AUTO MAKE YEAR MODEL LIC.#		I.D.#			
CREDIT UNION LOANS					

The following questions apply to both Applicant and Co-Applicant List all other names under which you have received credit	Have you ever filed for any form of bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are there any unsatisfied judgments, liens or lawsuits pending which may result in a judgement against you? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a U.S. Citizen or permanent alien resident? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If none, state so	Are you a co-signer or Guarantor on another party's loan? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, for whom? Where?

ENCLOSE YOUR TWO MOST RECENT PAYCHECK STUBS, IF SELF-EMPLOYED OR RETIRED, ATTACH THE LAST TWO YEARS TAX RETURNS

PLEASE SIGN ON THE 3 PLACES INDICATED ON THE REVERSE SIDE

CREDIT CARD DISCLOSURE MASTERCARD	ANNUAL PERCENTAGE RATE	METHOD OF COMPUTING THE BALANCES FOR PURCHASES
Grace period for repayment of balances for purchases. 25 days	11.9% (10.9% during each monthly cycle when a minimum payment is made automatically by due date).	Average Daily Balance including New Purchases
Annual Fee: None. Cash Advance Fee: No fee charged by Credit Union. Overlimit Fee: \$10 if balance exceeds 20% of credit limit or \$500, whichever is less. Late Fee: \$10 if payment is late 10 days following the due date. Return Check Fee: \$15 Automatic Loan Payment NSF \$15		
Disclosures provided are accurate as of April 1, 2001 and are subject to change. You may contact the Credit Union at: MCCU, P.O. Box 1052, Northridge, CA 91328 or telephone 1-818-993-6328 for any changes in this information. MCCU reserves the right to change the rate on our fixed rate MasterCard. We will notify you, as required by law, of any rate change.		

Please detach and retain for your records

VOLUNTARY INSURANCE DISCLOSURE AND AUTHORIZATION

Notice: Credit Life Insurance and Credit Disability Insurance are not required in order to obtain this loan. This disclosure does not cover Real Property.

You are applying for the credit insurance marked below and authorizing the Creditor to add the charges for Insurance to your loan each month as they become due. You have the right to stop this authorization. Your signature below means you agree that:

1. You are eligible for insurance as to each advance only if you are working for wages or profit 30 hours a week or more on the date you sign for the advance. If you are not, that particular advance will not be insured until you return to work. You are insured only for advances actually received by you. You are not insured for any unused credit which may be available to you.
2. Each month the insurance charge is calculated by multiplying the insured outstanding principle balance of your loan on the billing date by the rate shown in the Schedule. We can change the rate later on. But if we do, we will let you know in advance. The new rate will apply only to charges for insurance made after the date of the rate change.
3. Only the primary borrower is eligible for disability insurance.
4. Neither you nor your co-borrower are eligible for insurance after you have reached age 70 for life and 66 for disability and insurance will also cease when you reach that age.

DISABILITY INSURANCE MAY NOT COVER CONDITIONS FOR WHICH YOU HAVE SEEN A DOCTOR OR A CHIROPRACTOR IN THE LAST SIX MONTHS.

The cost of each type of insurance, if requested for this loan is:

INSURANCE(S) COVERAGES	I REQUEST THE INSURANCE	MONTHLY PREMIUM PER \$100 OF INSURED DEBT	MAXIMUM MONTHLY DISABILITY BENEFIT	MAXIMUM AMOUNT OF LIFE INSURANCE
DISABILITY INSURANCE 30 DAY ELIMINATION PERIOD	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$0.304	\$600 / 120 MO. MAX	N/A
SINGLE CREDIT LIFE	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$0.068	N/A	\$50,000
JOINT CREDIT LIFE	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$0.116	N/A	\$50,000

The plan of insurance is described fully in the certificate to be furnished to you which is made a part of this disclosure by reference. I understand that my co-applicant is not eligible for Credit Disability Insurance. By signing below, I request or decline the insurance as indicated above and if requested, I authorize you to add its cost to my loan.

Date _____ Members Signature _____ Age _____ Date _____ Spouse/Co-Applicant Signature _____ Age _____

TYPE OF ACCOUNT

FIXED RATE LOAN (Vehicle only) VARIABLE RATE LOAN

SIGNATURE(S) REQUIRED BEFORE CARDS CAN BE ISSUED

MASTERCARD SECURITY PLEDGE: I grant the Credit Union a security interest in all shares and deposits I have with the Credit Union, now and in the future. If I am in default on my MasterCard account, you may use these shares and deposits to pay off any delinquent amount on my account.

Signature of Primary Cardholder _____ Signature of Spouse/Co-Applicant _____

PLEASE READ BEFORE SIGNING: The terms "I" and "my", where contained herein, apply to all parties signing below as applicants.

I am submitting this application to Matadors Community Credit Union for the purpose of obtaining the credit accounts and/or services requested with the credit limits requested or such higher limits as you may approve. I certify that this application is true and complete and accurately represents my present financial condition. The Credit Union may verify this information from whichever sources it deems necessary, and may, now and in the future, provide others with information regarding my credit history with you, to the extent permitted by law. This application remains the property of the Credit Union even if credit is denied.

I acknowledge receipt of my copy of the open-end loan disclosure and accompanying rates and fees, and I promise to repay all moneys borrowed pursuant to this plan in accordance with that Agreement. If I have requested any other services or accounts with you, such as an ATM/MasterMoney or MasterCard, I further acknowledge receipt of the agreements applicable to those accounts and/or services, and agree to be bound by those agreements.

If I have requested joint credit with my spouse or other co-applicant(s), I understand and agree that all applicable agreements shall be binding on both of us, jointly and severally.

RELATIONSHIP: If I fail to maintain the Account Relationship which qualified me for a preferred rate, my loan rate may be changed to: (a) the current regular rate in effect, or (b) the regular rate in effect on the initial loan date, at the sole option of the Credit Union.

POWER OF ATTORNEY: I do hereby assign Power of Attorney to Matadors Community Credit Union to complete or change Credit Union payroll deduction instructions to my present employer and do hereby request and direct to them to accept and act upon any such instructions.

CAUTION: It is a FEDERAL CRIME to give false information or forge a document to induce a federally insured Credit Union to grant a loan.



SIGNATURE OF PRIMARY APPLICANT _____ DATE _____ SIGNATURE OF SPOUSE/CO-APPLICANT _____ DATE _____
 _____ _____