



P.O. Box 182499
Tallahassee, FL
32318-0022

Credit Union use only

| | | |
|-----------------------------------------|--------------------------------|----------------|
| Initials of Employee taking application | Initials of Referring Employee | FSUCU Member # |
| Student Credit Card Application | | |

Current Class Level:

Freshman Sophomore Junior Senior*

*Expected Graduation Date: _____

Full or Part Time Student?

Full Time Part Time

Applicant Information

| | | |
|----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| Full Name | Birth Date | |
| Email Address | Home Phone | Work Phone |
| Your Address (in Tallahassee) | Social Security Number | U.S. Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| City State Zip | ID Type State of Issue Issue Date | ID Number Expiration Date |

References

| | |
|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| Parent's Name | Friend or Closest Living Relative (not at your parent's house) |
| Parent's Address | Address of that Friend/Relative |
| City State Zip | City State Zip |

Income Information

| | |
|-------------------------------------------------|---------------------------------------------------------------------------------------------------|
| Employer Title | Annual Income (Gross) \$ _____ Per _____ |
| Annual Income (Gross) \$ _____ Per _____ | Name of Current Financial Institution _____ Checking Balance \$ _____ Savings Balance \$ _____ |

Student/Classic Mastercard

| Annual Percentage Rate for Purchases | Other APR's | Grace Period for Repayment of Balances for Purchases | Method for Computing the Balance for Purchases | Late Payment Fee | Over-the-credit-limit Fee |
|--------------------------------------|--------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|-------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------|
| 12.95% to 18.00% | Cash Advance: 12.95% to 18.00% Penalty Rate: 18.00% Balance Transfers: 12.95% to 18.00% | 25 Days | Average Daily Balance (including new purchases) | If over 5 days late, a charge equal to 5% of the minimum monthly payment due or \$25, whichever is greater. | \$25 |

International Transaction Fee: Transactions initiated in foreign countries and / or foreign currencies will be charged to your Account in U.S. Dollars. The conversion rate to dollars will be (a) a rate selected by Visa from the range of rates available in wholesale currency markets for the applicable central processing date, which rate may vary from the rate Visa itself receives or (b) the government-mandated rate in effect for the applicable central processing date, in each of the above instances, plus a 1% International Transaction Fee that shall be paid to Visa.

Transaction fee for cash advance is \$0.00. All terms of your Credit Card Agreement are subject to change with 30 days prior notice. The information about the costs of the card described in this application is accurate as of 5/18/05. This information may have changed after that date. To find out what may have changed, call us at 1.877.GO.FSUCU.

Authorization

You understand that when applicable, a personal identification number (PIN) may be issued. This PIN, when validated will allow you, the co-applicant and any authorized users, to access your credit union's CREDIT CARD/CHECK CARD accounts through participating Automated Teller Machines (ATM) networks, subject to the terms and disclosures of the Credit Card Agreement and the Electronic Funds Transfer Disclosure for CREDIT CARD/CHECK CARD. You understand that use of your CREDIT CARD/CHECK CARD will constitute acknowledgment of receipt and agreement to the terms of the CREDIT CARD/CHECK CARD disclosures.

Applicant's Signature Date

Other Signature Date

By signing below, you pledge to use and grant us a security interest in share accounts with us, to secure your credit card agreement. You authorize us to apply the balance in these accounts to pay any amounts due under this agreement if you should default.

Signature Date

Signature Date

| | |
|-------------------------------------------------------------------------------|--------------------------|
| Date | Approved \$ _____ Limits |
| Advance Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Signature: _____ x _____ Date | |
| <input type="checkbox"/> Loan Officer <input type="checkbox"/> Credit Manager | |

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