

VISA® CARD APPLICATION



P.O. Box 7739 • Newark, DE 19714-7739 • (302) 368-2396 • (877) 368-2396 • cpwrfcu.org

APPLICANT INFORMATION

First Name _____	Initial _____	Last Name _____
Account Number _____		Social Security Number _____
Birth Date _____	Mother's Maiden Name _____	
Home Phone _____	Work Phone _____	Ext. _____
Cell Phone _____	\$ _____ Monthly Rent / Mortgage	
Present Street Address _____		Apt. # _____
City _____	State _____	Zip _____
<input type="checkbox"/> Own <input type="checkbox"/> Rent	Years at this address: _____	
Current Employer Name _____		Start Date _____
Employer Address _____		
City _____	State _____	Zip _____
Employment Income	Other Income	
\$ _____ Per _____	\$ _____ Per _____	
<input type="checkbox"/> Net <input type="checkbox"/> Gross	Source _____	
Position _____	\$ _____ Credit Limit Requested	

CO-APPLICANT INFORMATION

First Name _____	Initial _____	Last Name _____
Account Number _____		Social Security Number _____
Birth Date _____	Mother's Maiden Name _____	
Home Phone _____	Work Phone _____	Ext. _____
Cell Phone _____	\$ _____ Monthly Rent / Mortgage	
Present Street Address _____		Apt. # _____
City _____	State _____	Zip _____
<input type="checkbox"/> Own <input type="checkbox"/> Rent	Years at this address: _____	
Current Employer Name _____		Start Date _____
Employer Address _____		
City _____	State _____	Zip _____
Employment Income	Other Income	
\$ _____ Per _____	\$ _____ Per _____	
<input type="checkbox"/> Net <input type="checkbox"/> Gross	Source _____	
Position _____	\$ _____ Credit Limit Requested	

TRANSFER INFORMATION

I hereby authorize Community Powered Federal Credit Union to pay off the balance(s) on the following accounts. I understand a cash advance for the total amount of the check(s) issued will be added to my new VISA® account and available credit will be reduced by that amount.

Creditor Name _____	1
Payoff Address _____	
City _____ State _____ Zip _____	
Account Number _____ \$ _____ Balance	

Creditor Name _____	2
Payoff Address _____	
City _____ State _____ Zip _____	
Account Number _____ \$ _____ Balance	

Creditor Name _____	3
Payoff Address _____	
City _____ State _____ Zip _____	
Account Number _____ \$ _____ Balance	

Creditor Name _____	4
Payoff Address _____	
City _____ State _____ Zip _____	
Account Number _____ \$ _____ Balance	

A consumer credit report may be requested in connection with this application and with any renewals, updates or extensions of any new credit extended as a result of this application. Additional information may be required to process this request. The credit union is relying on what I have stated in this application, and I/we acknowledge that everything I/we have stated is true and correct. I/we pledge all deposits which I/we have with the credit union both now and in the future to secure repayment to the credit union of any amount owed under the VISA® credit card agreement. By signing below, I/we agree to the terms of the cardholder agreement.

Applicant's Signature _____ Date _____ Co-Applicant's Signature _____ Date _____

Submit application with a copy of most recent pay stub or the last 2 years tax returns if self employed.