

1040 Leigh Avenue, San Jose, CA 95126-4129
 800.696.6009 • www.ppcu.org

APPLICANT ACCOUNT NUMBER	CO-APPLICANT ACCOUNT NUMBER	DATE
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If You are applying for joint credit, secured credit, or if You live in a community property state (AZ, CA, ID, LA, NM, NV, TX, WA, WI or Puerto Rico), please complete the following:

Married Separated Unmarried (Includes Single, Divorced and Widowed)

Please check if You are applying for: Joint Credit Individual Credit

Definitions. Whenever used in this application, the words "You" or "Your" refer to the applicant(s), and the words "We", "Us", and "Our" refer to the Lender.

*** NOTE:** Alimony, child support, or separate maintenance income need not be revealed if You do not choose to have it considered as a basis for this credit request.

TYPE OF CREDIT APPLIED FOR: <input type="checkbox"/> Secured (Please include a copy of purchase invoice) <input type="checkbox"/> Overdraft Protection <input type="checkbox"/> Classic VISA* No. of Cards _____ <input type="checkbox"/> Secured VISA* No. of Cards _____ <input type="checkbox"/> VIP Plus Line of Credit <input type="checkbox"/> Other _____	Amount Applied For: \$ _____ Credit Limit Applied For: \$ _____ Purpose of Loan: _____ Method of Payment: <input type="checkbox"/> Automatic Transfer <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Coupons
*Please refer to the 2nd page for Important Credit Card Disclosures for rate, fee and cost information.	
Payment Protection Plan (Excluding VISA): <input type="checkbox"/> Single Life <input type="checkbox"/> Joint life <input type="checkbox"/> Disability <input type="checkbox"/> None	
Desired Length of Repayment (mos): _____	

Applicant Spouse Co-Applicant

Name	Birthdate	Name	Birthdate
Present Address (Street)	No. of Years	Present Address (Street)	No. of Years
City, State, Zip		City, State, Zip	
Home Telephone ()	Social Security Number	Home Telephone ()	Social Security Number
	No. of Dep.		No. of Dep.

Employment and Income. If self-employed or retired, attach financial statement or income tax returns.

Employer's Name/Division	Employer's Telephone ()	Employment Date	Employer's Name/Division	Employer's Telephone ()	Employment Date
Employer's Full Address (Very Important)		Gross Income	Employer's Full Address (Very Important)		Gross Income
Previous Employer (Complete if current less than 5 Years)		Years Employed	Previous Employer (Complete if current less than 5 Years)		Years Employed

Credit Information. **A = Applicant C = Spouse/Co-Applicant D = Debts to be paid off if loan is granted**

Please Check	List the name of Your Mortgage Holder/Landlord and any Auto Loan.	Value	Monthly Payment	Interest Rate	Balance Owed
A	C	D			
	1. Mortgage/Rent				
	2. Auto Payment				

Miscellaneous Questions

1. Have You ever filed a petition for bankruptcy? Yes No _____ Year Filed

2. Are any suits pending, judgments unsatisfied, alimony or maintenance awards against You? Yes No

3. Are You a co-maker or endorser on another person's note or loan? Yes No Amount \$ _____ For Whom : _____

4. Have You ever had credit under any other name? Yes No Name: _____

Signatures

You warrant the truth of all of the information contained herein and You realize that it will be relied upon by Us in deciding whether or not to grant the credit applied for. You hereby authorize Us, Our employees and agents to investigate and verify any information provided to Us by You. If this application is for any Feature Category contained in Our Credit Line Account program, You agree and understand that if approved, You are contractually liable according to the applicable terms of the Credit Line Account Agreement and Disclosure. You will receive a copy of that Agreement no later than the time of Your first credit advance and You promise to pay all amounts charged to Your Account according to its terms. If this is a joint application, You agree that such liability is joint and several. You authorize Us to accept Your facsimile signatures on this application and agree that Your facsimile signature will have the same legal force and effect as Your original signature. You assume any risk that may be associated with permitting Us to accept Your facsimile signature. **If You are issued a Credit Card, by signing below, You grant and consent to a lien on Your shares with Us (except IRA and Keogh Accounts) and any dividends due or to become due to You from Us to the extent You owe on any unpaid Credit Card balance.**

You hereby acknowledge Your intent to apply for joint credit _____

Applicant's Initials Co-Applicant's Initials

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

OPTIONAL CREDIT INSURANCE — YOU MUST COMPLETE AND SIGN THIS SECTION.

Credit Life and/or Credit Disability Insurance are not required to obtain credit under this plan and will be included only if requested immediately below by the APPLICANT. The insurance rates are shown below. Each month, the insurance charge is calculated by multiplying the outstanding balance of the Account on the last day of that month by the rate shown.

Monthly Premium Rates per \$1,000 of Outstanding Balance — You must CHECK ONE OR MORE of the boxes below.					
CREDIT LIFE:	Single Coverage — \$0.68	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Joint Coverage — \$0.96	<input type="checkbox"/> YES <input type="checkbox"/> NO
CREDIT DISABILITY:	Single Coverage — \$3.03	<input type="checkbox"/> YES	<input type="checkbox"/> NO		

NOTE: Additional Credit Insurance Disclosures for Closed-End Loans are furnished separately. If You are applying for Credit Insurance, You authorize Us to add the required premiums to Your Account, charge a Finance Charge on the premiums at the rate which applies to Your Account, and forward such premiums to the Insurance Company.

Signature of Applicant _____