

LOAN & VISA APPLICATION



1040 Leigh Avenue
San Jose, CA 95126-4129
(800) 696-6009 • www.ppcu.org

IMPORTANT: To expedite your request, please enclose the following with your completed signed application: 1) Income verification (last two paycheck stubs per applicant) or if self-employed, include your current tax return, and 2) written explanation of any previous problems.

| | | |
|--------------------------|-----------------------------|------|
| APPLICANT ACCOUNT NUMBER | CO-APPLICANT ACCOUNT NUMBER | DATE |
|--------------------------|-----------------------------|------|

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, 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"/> Guaranteed VISA |
| <input type="checkbox"/> Secured VISA No. of Cards _____ | |
| <input type="checkbox"/> VIP Plus Line of Credit | |
| <input type="checkbox"/> Other _____ | |

| | |
|---|--|
| Amount Applied For: \$ _____ | Payment Protection Plan: (Excluding VISA) <input type="checkbox"/> Single Life <input type="checkbox"/> Joint life <input type="checkbox"/> Disability <input type="checkbox"/> None |
| Credit Limit Applied For: \$ _____ | |
| Purpose of Loan: _____ | |
| Method of Payment: <input type="checkbox"/> Automatic Transfer <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Coupons | |
| 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 B C | | | | | |
| | 1. Mortgage/Rent | | | | |
| | 2. Auto Payment | | | | |

MISCELLANEOUS QUESTIONS

| | | |
|--|--|--------------------------------|
| 1. Have You ever filed a petition for bankruptcy? | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ Year Filed |
| 2. Are any suits pending, judgements unsatisfied, alimony or maintenance awards against You? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 3. Are You a co-maker or endorser on another person's note or loan? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Amount \$ _____ For Whom _____ |
| 4. Have You ever had credit under any other name? | <input type="checkbox"/> Yes <input type="checkbox"/> 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.**

| | | | |
|------------------------|------|----------------------------------|------|
| 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 \$1000 of Outstanding Balance — You must CHECK ONE OR MORE of the boxes below.

CREDIT LIFE: Single Coverage — \$0.69 YES NO Joint Coverage — \$0.96 YES NO
 CREDIT DISABILITY: Single Coverage — \$3.03 YES 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 X _____