

CREDIT CARD APPLICATION

Share Account Number: _____

CREDIT LIMIT REQUESTED _____

For APR, fees, restrictions, and other information, see reverse side. MASTER APPLICATION MUST BE COMPLETED IN INK

Applicants should complete this form as "Borrower" or "Co-Borrower," as applicable. Co-Borrower information must also be provided (and the appropriate box checked) when the income or assets of a person other than the Borrower (including the Borrower's spouse) will be used as a basis for loan qualifications or the income or assets of the Borrower's spouse or other person who has community property rights pursuant to state law will not be used as a basis for loan qualification, but his or her liabilities must be considered because the spouse or other person has community property rights pursuant to applicable law and Borrower resides in a community property state, the security property is located in a community property state, or the Borrower is relying on other property located in a community property state as a basis for repayment of loan.

OPTION			
Choose One:	VISA Platinum	VISA Classic Secured	

If your above option is not approved, this application also constitutes your request for an alternative Credit Card choice and/or credit limit.

Number of cards requested: _____ Print Name(s) to appear on card(s): _____ / _____

PERSONAL INFORMATION

It shall be an unlawful discriminatory practice for any creditor to do the following: Fail or refuse to print on or firmly attach to each application for credit, in a type size no smaller than that used throughout most of the application form, the following notice: "The Ohio laws against discrimination require that all creditors make credit equally available to all credit worthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio civil rights commission administers compliance with this law." This notice is not required in applications that have a multi-state distribution if the notice is mailed to the applicant with the notice of acceptance or rejection of the application.

LAST NAME	FIRST NAME	MI	NAME (CO-APPLICANT - CO-SIGNER)	
PRESENT ADDRESS		COUNTY	PRESENT ADDRESS	
CITY, STATE, ZIP		HOW LONG?	CITY, STATE, ZIP	
SOCIAL SECURITY NO.	DATE OF BIRTH	HOME PHONE NUMBER	SOCIAL SECURITY NO.	DATE OF BIRTH
E-MAIL ADDRESS			E-MAIL ADDRESS	
PRESENT EMPLOYER		WORK PHONE & EXT	PRESENT EMPLOYER	
EMPLOYER'S ADDRESS		DATE EMPLOYED	EMPLOYER'S ADDRESS	
GROSS INCOME (Before Taxes)		OCCUPATION	GROSS INCOME (Before Taxes)	
\$	PER		\$	PER
OTHER INCOME		SOURCE OTHER INCOME	OTHER INCOME	
\$	PER		\$	PER

Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.
Alimony, child support, separate maintenance received under: court order written agreement oral understanding

NOTE: SELF-EMPLOYED, RETIRED, OR RECEIVING OTHER INCOME, ATTACH TWO YEARS SIGNED TAX RETURNS - ATTACH MOST RECENT PAY STUB

CREDIT INFORMATION

NAME OF CREDITOR - HOME MORTGAGE OR LANDLORD <input type="checkbox"/> RENTING <input type="checkbox"/> BUYING	PRESENT BALANCE	MONTHLY PAYMENT	NAME OF CREDITOR - HOME MORTGAGE OR LANDLORD <input type="checkbox"/> RENTING <input type="checkbox"/> BUYING	PRESENT BALANCE	MONTHLY PAYMENT
AUTO PMT	PRESENT BALANCE	MONTHLY PAYMENT	AUTO PMT	PRESENT BALANCE	MONTHLY PAYMENT

REFERENCES

NAME OF RELATIVE NOT LIVING WITH YOU	RELATIONSHIP	NAME OF RELATIVE NOT LIVING WITH YOU	RELATIONSHIP
ADDRESS	PHONE NUMBER	ADDRESS	PHONE NUMBER
PERSONAL FRIEND NOT RELATED TO YOU	PHONE NUMBER	PERSONAL FRIEND NOT RELATED TO YOU	PHONE NUMBER
ADDRESS		ADDRESS	
ARE ANY OF YOUR DEBTS PAST DUE? <input type="checkbox"/> Yes <input type="checkbox"/> No	HAVE YOU EVER HAD YOUR AUTO, FURNITURE, OR PROPERTY REPOSSESSED? <input type="checkbox"/> Yes <input type="checkbox"/> No	HAVE YOU EVER DECLARED BANKRUPTCY? <input type="checkbox"/> Yes <input type="checkbox"/> No	ARE YOU CURRENTLY A CO-SIGNER ON A LOAN? <input type="checkbox"/> Yes <input type="checkbox"/> No
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NOTICE TO CO-SIGNER

NOTICE TO COSIGNER: You are being asked to guarantee this debt. Think carefully before you do. If the borrower doesn't pay the debt, you will have to. Be sure you can afford to pay if you have to, and that you want to accept this responsibility. You may have to pay up to the full amount of the debt if the borrower does not pay. You may also have to pay late fees or collection costs, which increase this amount. The Credit Union can collect this debt from you without first trying to collect from the borrower. The Credit Union can use the same collection methods against you that can be used against the borrower, such as suing you, garnishing your wages, etc. If this debt is ever in default, that fact may become part of your credit record. This notice is not the contract that makes you liable for the debt.

SIGNATURE(S) TO OBTAIN CREDIT

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING: This statement is submitted to obtain credit and I/we certify that all information herein is true and complete. I/we agree that inquiries may be made to verify information and that credit references or verification may be given based on inquiries from other parties. This offer is subject to the credit policies of this institution. I/we agree to be bound by the terms and conditions of the bank card agreement, a copy of which will be mailed to the applicant if this application is granted, receipt of such agreement and acceptance of such terms to be conclusively presumed by the applicant's use. If this is a joint application, the undersigned shall be jointly and severally liable for any and all credit extended from time to time.

BY SIGNING BELOW: I/we pledge and grant to Hancock Federal Credit Union a security interest in all present and future sums deposited into my/our Credit Union account(s). Also, if I/we have other loans with you, now or in the future, collateral securing those loans may also secure my/our VISA and/or MasterCard Credit Card Account obligations. I/we understand that the use of my/our Credit Card Account will constitute my/our agreement to the above terms.

SIGNATURE OF APPLICANT	DATE	SIGNATURE OF CO-APPLICANT (CO-SIGNER)	DATE
X		X	

FOR INTERNAL USE ONLY

CREDIT CARD ACCOUNT NO.	REVIEWER'S COMMENTS		
DATE APPROVED / DISAPPROVED			
CREDIT LIMIT	APPROVED RATE	BY	BY
\$			

FOR INSURANCE ENROLLMENT ONLY

YES, please enroll me in the **CHARGE GUARD 2000 credit insurance**. I understand it is not required to obtain credit and will not be provided unless I sign and agree to pay the additional cost. Coverages, benefits, exclusions, and rates vary by state. I have received a copy of the SUMMARY OF INSURANCE COVERAGES.

X _____ Primary Cardholder Birth Date	X _____ Secondary Cardholder Birth Date
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Pay By Mail Via Your Monthly Statement
Pay On-line Through www.eZCardinfo.com

VISA PLATINUM w/Scorecard Points
***8.99% - 12.48% APR**

Balance Transfers: 8.99% - 12.48% APR
 Cash Advances: 8.99% -12.48% APR

*Rates based upon credit history and resulting credit limit.

***VISA SECURED**
14.90% APR

Balance Transfers: 14.90% APR
 Cash Advances: 14.90% APR

***This card does not earn scorecard points.**


INTEREST CALCULATION METHOD:	Application of the monthly periodic rate to the average daily balance, which is determined by dividing the sum of the daily balance by the number of days in the billing cycle.
MINIMUM FINANCE CHARGE:	none
GRACE PERIOD:	25 days
PENALTY RATE:	none

Fees	
Annual fee	none
Balance transfer fee	none
Over limit fee	none
Cash advance fee	\$3.00
Late charge fee	\$25.00

This disclosure is accurate as of June 2010. The terms are subject to change after that date. Please contact the credit union at P.O. Box 1623, Findlay, Oh 45839-1623 for any changes.

Place Stamp Here


Hancock Federal Credit Union
 P.O. Box 1623
 Findlay, OH 45839-1623



Hancock
Federal Credit Union
Committed to serving you!

Application

1701 East Melrose Avenue
 Or
 125 Trenton Avenue
 Findlay, Ohio 45840
 419-424-0163
www.hancockfcu.com



Our members deserve platinum!