



MASTERCARD[®] APPLICATION

- MASTERCARD
 MASTERCARD GOLD

PLEASE PRINT ALL INFORMATION AND READ THIS BROCHURE CAREFULLY

Last Name		First	Initial	Social Security #	Date of Birth	No of Dependents
Street Address, City, State, Zip				Years There	<input type="checkbox"/> Own Rent <input type="checkbox"/> Rent	Home Phone
Previous Address – if less than two years at present address				Years There	<input type="checkbox"/> Own Rent <input type="checkbox"/> Rent	Drivers License No
Present Employer	Address		Position	Starting Date	Business Phone	Supervisor
Previous Employer	Address		Position	Starting Date	Date of Separation	Supervisor
Information about Nearest Relative not living with you: Name, Address, Phone Number and Relationship					Mother's Maiden Name	
NOTICE: ALIMONY, CHILD SUPPORT OR MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT WISH TO HAVE IT CONSIDERED.				Monthly Salary or Wages Gross	Other Income Gross	
Complete if you live in a community property state (AZ, CA, D, LA, NM, NV, TX, WA) or if you are applying for joint credit: <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated						
Spouse: Last Name	First	Social Security #		Date of Birth	Drivers License	Monthly Income Gross
Present Employer	Address		Position	Starting Date	Business Phone	Supervisor
Previous Employer	Address		Position	Starting Date	Date of Separation	Supervisor

OUTSTANDING DEBTS – LIST EVERYTHING – ATTACH OTHER SHEETS IF NECESSARY

Rent or Mortgage	Name and address of Creditor	Balance	Monthly Payment
Auto			
Auto			

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING. This statement is submitted to obtain credit and I/we hereby request the issuance of a WFFCU credit card in accordance with the terms and conditions set forth in the WFFCU Credit Card agreement. I/We promise that everything I/we have stated in this application is correct and that the information listed is a complete listing of all my/our debts and obligations. I/We authorize the Credit Union to periodically obtain my/our credit report, check my/our credit and employment history, and to answer questions about its credit experience with me/us. I/We agree that this application and any and all other credit information about me/us that you obtain may be shared with any other WFFCU affiliate. If a credit card is issued as I/we hereby request, the undersigned applicant(s) by signing below, using or permitting another to use the credit card(s), agree to be bound by the terms and conditions of the WFFCU Credit Card Agreement that will accompany my/our credit cards(s). Please note: additional information may be required.

No of Cards Requested _____ Credit Union Account # _____

Applicant's Signature _____ Date _____

Joint Applicant Signature _____ Date _____

CREDIT UNION USE

Approved: _____
 Credit Limit _____
 No of Cards _____ Expiration Date _____

Declined: _____
 Reason for Rejection _____

 Loan Officer Signature

 Credit Committee Signature

 Credit Committee Signature

Processed by: _____

Date processed: _____