

STE Platinum Visa® Rewards Credit Card Application & Solicitation

Check Account Choice:
(Signature required for joint applicant)

- Individual Account
 Joint Account: _____
 Credit Line Increase

Credit Limit Requested \$ _____ Member # _____

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT: To help the government fight the funding of terrorism and money laundering activities, Federal laws require all financial institutions to obtain, verify and record information that identifies each person who opens an Account. What this means to you: When you open an Account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

APPLICANT

Note: All applicable sections should be filled out completely to avoid delay in processing your application.

Last Name		First	Middle			Social Security Number
Date of Birth	No. of Dependents	Home Phone ()	Own <input type="checkbox"/>	Rent <input type="checkbox"/>	Other <input type="checkbox"/>	Monthly Payment \$
Current Address		City	State	Zip Code		How Long (yrs)
Mailing Address (if different from above)		City	State	Zip Code		How Long (yrs)
Previous Address (if less than 2 years at present address)		City	State	Zip Code		How Long (yrs)
Employer	Self Employed <input type="checkbox"/> Yes <input type="checkbox"/> No		Work Phone ()		Date Employed	
Address		Position/Occupation			Monthly Gross Income \$	
Name and Address of Previous Employer (if less than 2 years at present employer)						How Long (yrs)
Source of Additional Income: Income from alimony, child support or separate maintenance need not be revealed if it is not considered in determining creditworthiness						Amount per Month \$
Nearest Relative (Not Living With You)			Home Phone ()		Relationship	
Their Address		City	State	Zip Code		

CO-APPLICANT

Information about a co-applicant is not required for an individual account.

Last Name		First	Middle			Social Security Number
Date of Birth	No. of Dependents	Home Phone ()	Own <input type="checkbox"/>	Rent <input type="checkbox"/>	Other <input type="checkbox"/>	Monthly Payment \$
Current Address		City	State	Zip Code		How Long (yrs)
Previous Address (if less than 2 years at present address)		City	State	Zip Code		How Long (yrs)
Employer	Self Employed <input type="checkbox"/> Yes <input type="checkbox"/> No		Work Phone ()		Date Employed	
Address		Position/Occupation			Monthly Gross Income \$	

CREDIT INFORMATION

Attach Additional Sheets If Necessary

Name and Address of Creditor	Name under Which Account is Carried	Account Number	Balance	Monthly Payment
1. Home Mortgage/Rent				
2. Bank Credit Card/Bank Name and Address				

INTEREST RATES AND INTEREST CHARGES

Annual Percentage Rate (APR) for Purchases	Platinum Visa Rewards 11.90%
APR for Cash Advances	Platinum Visa Rewards 11.90%
APR for Balance Transfers	Platinum Visa Rewards 11.90%
Penalty APR and When it Applies	None
Minimum Interest Charge	\$0.50
How to avoid Paying Interest on Purchases	Your due date is at least 25 days after the close of each billing cycle. We do not charge you interest on purchases if you pay your entire balance by the due date each month.
For Credit Card Tips from the Federal Reserve Board	To learn more about factors to consider when applying for or using a credit card, visit the website of the Federal Reserve Board at http://www.federalreserve.gov/creditcard .

FEES

Set-up and Maintenance Fees <ul style="list-style-type: none"> Annual Fee - Visa Platinum Account Maintenance Fee on Closed Accounts Card Replacement Fee Document Copy Fee 	None None \$5.00 \$5.00
Transaction Fees <ul style="list-style-type: none"> Cash Advance Fee Foreign Transaction Fee 	None None
Penalty Fees <ul style="list-style-type: none"> Late Payment Fee Over-the-Credit-Limit-Fee Returned Payment Fee Phone Payment Fee 	\$25.00 None \$25.00 \$10.00

SIGNATURES

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 cardholder 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. We may report information about your account to the credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

X _____ **X** _____
 Applicant Signature Date Co-Applicant Signature Date

TRANSFER OF BALANCE REQUEST

Upon approval, I wish to transfer my present balance on the credit card account(s) listed below to my new credit card account.
 Credit Card Account Number _____ Amount to be transferred \$ _____
 Creditor: _____ Creditor Address: _____
 Signature _____