



PRIMARY APPLICANT	
Name:	
Account number:	
Phone number:	
Employer:	
Position/Title:	Hire Date:
Employer phone:	
Gross monthly income from wages:	
Other income and source(s) such as alimony or child support, that you want us to consider:	
Rent/Mortgage payment:	

CO-APPLICANT	
Name:	
Account number:	
Phone number:	
Employer:	
Position/Title:	Hire Date:
Employer phone:	
Gross monthly income from wages:	
Other income and source(s) such as alimony or child support, that you want us to consider:	
Rent/Mortgage payment:	

Annual Percentage Rate (APR)	8.45% - 18.00 % *
Grace Period	25 Days
Balance Computation Method	Average Daily Balance (including new purchases)
Annual Fee	None
Minimum Finance Charge	\$1.00
Cash Advance Fee	\$15.00 at counter; \$0 at ATM
Late Payment Fee	\$25.00
Returned Check Fee	\$25.00

Your signature below grants the credit union a security interest in all shares you have in your individual and joint accounts with the credit union, with the exception of accounts that would lose special tax treatment under federal or state law if given as security such as Individual Retirement Accounts. You authorize the credit union to apply the balance in your individual or joint share accounts to pay any amounts due on your credit card account should you default.

_____ (Primary Applicant Signature) _____ (Date)

_____ (Co-Applicant Signature) _____ (Date)

You may transfer your balances from other credit cards to your new Cooperative Federal credit card, if approved. **There is no balance transfer fee.** Please use the space below to request up to three balance transfers. If you'd like to do more, please attach the additional information on a separate sheet of paper.

*The ANNUAL PERCENTAGE RATE is a variable rate that is based on the U.S. Prime Rate each month as published in the *Wall Street Journal* "Money Rates Table" on the first calendar day of each month, with a margin of 3.95%-15.95% added onto the Prime Rate depending on the member's creditworthiness. Rates quoted as of 1/08/2018 and subject to change. By signing below, you are confirming your application for credit from Syracuse Cooperative Federal Credit Union. You certify that all statements provided in the application are true to the extent of your knowledge and no relevant information has been omitted. If there are any changes, you will notify the credit union in writing immediately. All loan applications are subject to approval, and your signature below authorizes the credit union to verify the information you've provided and to obtain additional information by contacting third parties, such as your place of employment as well as credit reporting agencies. You understand that if your application is approved, use of the credit card sent to you will constitute acknowledgement of receipt and agreement to all the terms of the credit card Agreement.

BALANCE TRANSFER	Credit Card #1	Credit Card #2	Credit Card #3
Name of credit card company		Name of credit card company	
Card is (circle): VISA / Mastercard / AmericanExpress / Other		Card is (circle): VISA / Mastercard / AmericanExpress / Other	
Address of credit card company		Address of credit card company	
Credit card number:		Credit card number:	
Transfer amount:	\$	Transfer amount:	\$