



# CREDIT CARD APPLICATION

**CAMBRIDGE TEACHERS  
FEDERAL CREDIT UNION**  
459 Broadway • Cambridge, MA 02138  
(617) 492-3212

MEMBER Account#	Credit Limit Requested	No. of Cards
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**NOTICE:** Married Applicants may apply for a separate account. Check the appropriate box below to indicate the type of credit for which you are applying.

- Individual Credit:** Complete Applicant section. Complete the Co-Applicant section as follows: (1) Information about your spouse if you live in a community property state (AK, AZ, CA, ID, LA, NM, NV, TX, WA, WI) or (2) If your spouse will use the Account.
- Joint Credit:** Provide information about both of you by completing Applicant and Co-Applicant sections.

TELL US ABOUT YOURSELF			
Applicant Name		SS#	Birth Date
Address-Street & No., City, State, Zip		How Long	Home Phone ( )
Previous Address	How Long	Drivers License No.	Home E-mail Address
Employer	Employers Address		Work Phone ( )
Employer	Employers Address		Work E-mail Address
Start Date	Title	<b>Notice: Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered.</b> Other Source: \$ _____ per _____	
Previous Employer	Address-Street & No., City, State, Zip	How Long	<input type="checkbox"/> Net Monthly <input type="checkbox"/> Gross Monthly \$ _____
		Mothers Maiden Name	No. of Dependents & Ages

TELL US ABOUT YOUR	CO-APPLICANT	SPOUSE	GUARANTOR
Applicant Name		SS#	Birth Date
Address-Street & No., City, State, Zip		How Long	Home Phone ( )
Previous Address	How Long	Drivers License No.	Home E-mail Address ( )
Employer	Employers Address		Work Phone ( )
Employer	Employers Address		Work E-mail Address ( )
Start Date	Title	<b>Notice: Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered.</b> Other Source: \$ _____ per _____	
Previous Employer	Address-Street & No., City, State, Zip	How Long	<input type="checkbox"/> Net Monthly <input type="checkbox"/> Gross Monthly \$ _____
		Mothers Maiden Name	No. of Dependents & Ages

TELL US ABOUT YOUR FINANCIAL OBLIGATIONS					
Home: <input type="checkbox"/> Own <input type="checkbox"/> Rent	Mortgage or Lease Amount	Owed To:			
Auto Loan:	Owed to	Address	Account #	Monthly Payment	Balance
Credit Card:	Owed to	Address	Account #	Monthly Payment	Balance
Credit Card:	Owed to	Address	Account #	Monthly Payment	Balance
Other Loans:	Owed to	Address	Account #	Monthly Payment	Balance
Please use a separate sheet of paper to list any additional debts or financial obligations					

FINANCIAL INSTITUTION	
Checking or Share Draft	
Address	
Account #	Balance
Savings	
Address	
Account #	Balance

TELL US ABOUT YOUR ASSETS			
Home Owner <input type="checkbox"/> Yes <input type="checkbox"/> No	Years There _____	Market Value \$ _____	Market Value Other Property* _____
Make of Auto	Year	Make of Auto	Year
Other/Describe	Market Value	Other/Describe	Market Value

Are you a US Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever filed bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a Co-Maker on any other loans?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain _____	
Personal Reference	Address
Phone	Relationship

The information about the costs of the card described in this application is accurate as of 9/00. This information may have changed after that date. To find out what may have changed, call or write to us at the number or location listed above.

A consumer credit report may be requested in connection with this application and with any renewals, updates or extensions of any new credit extended as a result of this application. The credit union is relying on what you stated in this application and you acknowledge that everything you have stated is true. If a credit card is issued to you and you use the card (or its account number) or authorize its use, you agree that such use will constitute your agreement to the terms of the cardholder agreement that you receive from the credit union. **You grant us a security interest in all of your Credit Union Shares in Account No. \_\_\_\_\_ to secure your Card obligation.**

**X**

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**X**

CO-APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Annual percentage rate for purchases	11.99%
Grace period for repayment of the balance for purchases	25 days
Method of computing the balance for purchases and cash advances	Average Daily Balance (Including new purchases)
Minimum Finance charge	\$0.50
Transaction fee for purchases	None
Annual Fee	\$10.00

FOR CREDIT UNION USE ONLY	
<input type="checkbox"/> Approved <input type="checkbox"/> Declined	Credit Limit _____
Credit Card Account # _____	
Credit Committee or Loan Officer Signature _____	

Other Fees	
Over-Credit-Limit Fee	\$5.00
Share Draft Fee	\$4.00