



Dawson Co-op Credit Union
 PO Box 1002, Dawson MN 56232 Ph:320-769-2908 Fax: 320-769-2431
 Boyd Branch: PO Box 245 Boyd MN 56218 PH: 320-855-9900
 Renville Branch: PO Box 585, Renville MN 56282 PH:320-329-3152



Credit Card Application

A table that includes required credit card disclosures is on a separate document provided with this Application. To obtain any change in the required information since it was printed, call us toll free at **1-866-529-4623**.

Check below to indicate the type of credit for which you are applying. Married Applicants may apply for a separate account.			
<input type="checkbox"/> Individual Credit: You must complete the Applicant section about yourself and the Other section about your spouse if: 1. you live in or the property pledged as collateral is located in a community property state (AK, AZ, CA, ID, LA, NM, NV, TX, WA, WI); 2. your spouse will use the account, or 3. you are relying on your spouse's income as a basis for repayment. If you are relying on income from alimony, child support, or separate maintenance, complete the Other section to the extent possible about the person on whose payments you are relying.			
<input type="checkbox"/> Joint Credit: Each Applicant must individually complete appropriate section below. If Co-Borrower is spouse of the applicant, mark the Co-Applicant box. Guarantor: Complete the Other section if you are a guarantor on an account/loan.			
		<input type="checkbox"/> Credit Limit Requested _____	
APPLICANT		OTHER	
NAME (Last - First - Initial)		<input type="checkbox"/> CO-APPLICANT <input type="checkbox"/> SPOUSE <input type="checkbox"/> GUARANTOR NAME (Last - First - Initial)	
ACCOUNT NUMBER	SOCIAL SECURITY NUMBER	ACCOUNT NUMBER	SOCIAL SECURITY NUMBER
DRIVER'S LICENSE NUMBER/STATE	EMAIL ADDRESS	DRIVER'S LICENSE NUMBER/STATE	EMAIL ADDRESS
BIRTH DATE	HOME PHONE	BIRTH DATE	HOME PHONE
	BUSINESS PHONE/EXT.		BUSINESS PHONE/EXT.
PRESENT ADDRESS (Street - City - State - Zip)		PRESENT ADDRESS (Street - City - State - Zip)	
<input type="checkbox"/> OWN <input type="checkbox"/> RENT LENGTH AT RESIDENCE _____		<input type="checkbox"/> OWN <input type="checkbox"/> RENT LENGTH AT RESIDENCE _____	
MORTGAGE/RENT OWED TO:		MORTGAGE/RENT OWED TO:	
MORTGAGE BALANCE	MONTHLY PAYMENT	MORTGAGE BALANCE	MONTHLY PAYMENT
	INTEREST RATE		INTEREST RATE
COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE:		COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE:	
<input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED (Single - Divorced - Widowed)		<input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED (Single - Divorced - Widowed)	
EMPLOYMENT/INCOME		EMPLOYMENT/INCOME	
NAME AND ADDRESS OF EMPLOYER		NAME AND ADDRESS OF EMPLOYER	
START DATE		START DATE	
NOTICE: ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED.		NOTICE: ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED.	
EMPLOYMENT INCOME	OTHER INCOME	EMPLOYMENT INCOME	OTHER INCOME
_____ PER MONTH	_____ PER MONTH	_____ PER MONTH	_____ PER MONTH
<input type="checkbox"/> NET <input type="checkbox"/> GROSS	SOURCE _____	<input type="checkbox"/> NET <input type="checkbox"/> GROSS	SOURCE _____
STATE LAW NOTICES		Section 766.70 will adversely affect the rights of the Credit Union unless the Credit Union is furnished a copy of the agreement, statement or decree, or has actual knowledge of its terms, before the credit is granted or the account is opened. (2) Please sign if you are not applying for this account or loan with your spouse. The credit being applied for, if granted, will be incurred in the interest of the marriage or family of the undersigned.	
OHIO RESIDENTS ONLY: The Ohio Laws against discrimination require that all creditors make credit equally available to all creditworthy 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.		<input checked="" type="checkbox"/>	
WISCONSIN RESIDENTS ONLY: (1) No provision of any marital property agreement, unilateral statement under Section 766.59, or court decree under		SIGNATURE FOR WISCONSIN RESIDENTS ONLY _____ DATE _____	
SIGNATURES			
1. You promise that everything you have stated in this application is correct to the best of your knowledge. If there are any important changes you will notify us in writing immediately. You authorize the Credit Union to obtain credit reports in connection with this application for credit and for any update, increase, renewal, extension, or collection of the credit received. You understand that the Credit Union will rely on the information in this application and your credit report to make its decision. If you request, the Credit Union will tell you the name and address of any credit bureau from which it received a credit report on you. It is a federal crime to willfully and deliberately provide incomplete or incorrect information on loan applications made to federal credit unions or state chartered credit unions insured by NCUA.		2. You understand that the use of your card will constitute acknowledgement of receipt and agreement to the terms of the credit card agreement and disclosures. You grant us a security interest in all individual and joint share and/or deposit accounts you have with us now and in the future to secure your credit card account. When you are in default, you authorize us to apply the balance in these accounts to any amounts due. Shares and deposits in an Individual Retirement Account, and any other account that would lose special tax treatment under state or federal law if given as security, are not subject to the security interest you have given in your shares and deposits.	
<input checked="" type="checkbox"/> (SEAL)		<input checked="" type="checkbox"/> (SEAL)	
APPLICANT'S SIGNATURE	DATE	OTHER SIGNATURE	DATE
CREDIT UNION USE ONLY			
<input type="checkbox"/> APPROVED	NO. OF CARDS _____	CREDIT LIMIT \$ _____	CREDIT CARD NUMBER _____
<input type="checkbox"/> DECLINED	CREDIT COMMITTEE OR LOAN OFFICER SIGNATURE _____		