



2027 East Monument Street  
 Baltimore, MD 21205  
 410-534-4500 Fax: 410-342-1160  
[www.jhfcu.org](http://www.jhfcu.org)

**CREDIT CARD ACCOUNT APPLICATION**

|                |      |
|----------------|------|
| ACCOUNT NUMBER | DATE |
|----------------|------|

**APPLICANT INFORMATION**

1. If You are applying for joint credit with Your Spouse/Co-Applicant, are relying on Your Spouse's income as a source of repayment for the credit requested or if You live in a community property state: (AZ, CA, ID, LA, NM, NV, TX, WI) or Puerto Rico, complete the Spouse/Co-Applicant section and the following:  
 Married  Separated  Unmarried (Includes Single, Divorced and Widowed)

2. Married applicants can apply for individual credit. Indicate if You would like:  
 Individual Credit  Joint Credit with Your Spouse/Co-Applicant

|   |   |
|---|---|
| <b>TYPE OF CREDIT CARD APPLIED FOR:</b><br><input type="checkbox"/> Visa Platinum <input type="checkbox"/> Visa Platinum Rewards <input type="checkbox"/> Starter | <b>AMOUNT REQUESTED (\$25,000 MAXIMUM):</b><br>\$ |
|---|---|

**NOTICE TO CREDIT CARD APPLICANTS:** Please refer to the Credit Card Disclosure on page 2 of this application for information regarding the costs associated with the use of Your Credit Card. You further understand that Your use or allowing the card to be used will constitute acknowledgment, receipt and Your agreement to the terms and conditions of the Credit Card Cardmember Agreement and Disclosure provided to you with the card.

**APPLICANT**

|   |  |     |
|---|--|-----|
| FULL NAME   |  |     |
| SOCIAL SECURITY NUMBER  | DATE OF BIRTH  |     |
| HOME PHONE  | WORK PHONE   |     |
| EMAIL ADDRESS   | CELL PHONE   |     |
| STREET ADDRESS  |  |     |
| CITY  | STATE  | ZIP |
| MORTGAGE PAYMENT/MONTHLY RENT   | <input type="checkbox"/> OWN <input type="checkbox"/> LIVE WITH FAMILY<br><input type="checkbox"/> RENT <input type="checkbox"/> OTHER |     |
| Are You a U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No |  |     |

**CO-APPLICANT/CO-SIGNER**

|   |  |     |
|---|--|-----|
| FULL NAME   |  |     |
| SOCIAL SECURITY NUMBER  | DATE OF BIRTH  |     |
| HOME PHONE  | WORK PHONE   |     |
| EMAIL ADDRESS   | CELL PHONE   |     |
| STREET ADDRESS  |  |     |
| CITY  | STATE  | ZIP |
| MORTGAGE PAYMENT/MONTHLY RENT   | <input type="checkbox"/> OWN <input type="checkbox"/> LIVE WITH FAMILY<br><input type="checkbox"/> RENT <input type="checkbox"/> OTHER |     |
| Are You a U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No |  |     |

|                                  |               |              |
|----------------------------------|---------------|--------------|
| EMPLOYER                         | START DATE    |              |
| OCCUPATION                       | PAY FREQUENCY | GROSS INCOME |
| ADDITIONAL EMPLOYER NAME         | START DATE    |              |
| ADDITIONAL EMPLOYMENT OCCUPATION | PAY FREQUENCY | GROSS INCOME |
| OTHER INCOME SOURCE*             | PAY FREQUENCY | GROSS INCOME |
| TOTAL MONTHLY GROSS INCOME       |               |              |

|                                  |               |              |
|----------------------------------|---------------|--------------|
| EMPLOYER                         | START DATE    |              |
| OCCUPATION                       | PAY FREQUENCY | GROSS INCOME |
| ADDITIONAL EMPLOYER NAME         | START DATE    |              |
| ADDITIONAL EMPLOYMENT OCCUPATION | PAY FREQUENCY | GROSS INCOME |
| OTHER INCOME SOURCE*             | PAY FREQUENCY | GROSS INCOME |
| TOTAL MONTHLY GROSS INCOME       |               |              |

\*Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.

**OPTIONAL DEBT PROTECTION An appropriate application/disclosure will be furnished at the time Your credit is approved.**

|  |
|--|
| PLEASE CHECK ONE OF THE BOXES BELOW.<br>You are interested in Debt Protection Coverage <input type="checkbox"/><br>You are not interested in Debt Protection Coverage <input type="checkbox"/> |
|--|

**SIGNATURES**

NOTICE: IF YOU QUALIFY, ONE OF THE CONDITIONS TO THE CREDIT UNION ISSUING THIS CARD TO YOU IS THAT YOU GRANT TO IT A SECURITY INTEREST IN ALL YOUR SHARES IN THE CREDIT UNION AND ALSO IN ANY PROPERTY IN WHICH YOU MAY HAVE GRANTED THE CREDIT UNION A SECURITY INTEREST FOR ANY OTHER OBLIGATIONS YOU OWE THE CREDIT UNION.

**YOU HEREBY GRANT TO JOHNS HOPKINS FEDERAL CREDIT UNION ("CREDIT UNION") A SECURITY INTEREST IN ALL YOUR SHARES IN THE CREDIT UNION IN WHATEVER FORM THOSE SHARES MAY TAKE (EXCEPT IRA AND KEOGH ACCOUNTS) BOTH NOW AND IN THE FUTURE AND IN ANY PROPERTY IN WHICH YOU HAVE GRANTED THE CREDIT UNION A SECURITY INTEREST FOR OTHER OBLIGATIONS YOU OWE THE CREDIT UNION (EXCEPT FOR ANY SECURITY INTEREST GRANTED IN YOUR RESIDENCE) IN ORDER TO SECURE THE OBLIGATIONS YOU MAY INCUR AS A RESULT OF THE CREDIT UNION'S ISSUANCE OF A CREDIT CARD TO YOU AS A RESULT OF THIS APPLICATION.**

Applicant's Initials \_\_\_\_\_ Co-Applicant's Initials \_\_\_\_\_

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. You understand that the use of Your card will constitute acknowledgment of receipt and agreement to the terms of the Credit Card Cardmember Agreement and Disclosures.

You hereby acknowledge Your intent to apply for joint credit \_\_\_\_\_  
 Applicant's Initials \_\_\_\_\_ Co-Applicant's Initials \_\_\_\_\_

|                     |      |                                  |      |
|---------------------|------|----------------------------------|------|
| APPLICANT SIGNATURE | DATE | CO-APPLICANT/CO-SIGNER SIGNATURE | DATE |
|---------------------|------|----------------------------------|------|