




Credit Card Application

Please read the following disclosures to begin application process.

Obtain a complete disclosure and agreement by contacting the credit union at 715-675-2319.

Account Terms	Mastercard 	VISA 	VISA PLATINUM 
Annual Percentage Rate (APR) for Purchases	12.90%	11.49 %	8.9%
Grace Period for Repayment of Balances for Purchases	You have 25 days to repay your balance for purchases before a finance charge will be imposed.	You have 25 days to repay your balance for purchases before a finance charge will be imposed.	You have 25 days to repay your balance for purchases before a finance charge will be imposed.
Method of Computing the Balance for Purchase	Average Daily Balance (Including new purchases)	Average Daily Balance (Including new purchases)	Average Daily Balance (Including new purchases)
Annual Fees	\$0	\$0	\$0
Transaction Fee for Cash Advances, and Fees for paying late or exceeding the credit limit	Cash Advance Fee: \$0 Late Payment Fee: \$20 Over the credit limit Fee: \$0	Cash Advance Fee: \$0 Late Payment Fee: \$20 Over the credit limit Fee: \$0	Cash Advance Fee: \$0 Late Payment Fee: \$20 Over the credit limit Fee: \$0
Cash Rebate	Yes Up to 1% cash rebate on purchases	No	No

Non-Sufficient Funds Check Payment Fee \$20. The information about the costs of the cards described in this application is accurate as of 2/19/10.

This information may be changed after that date.
To find out what may have changed, write to us at:

Brokaw Credit Union
PO Box 199
Weston, WI 54476-0199





BCU Credit Card Application

For Account Terms and Disclosure Table, Please See Previous Page.

Member Number _____

Date _____

Please check the box for the type of credit you desire:

- Individual Credit - unmarried applicant. Complete only the left hand column.
- Individual Credit - married applicant. If both you and your spouse are residents of Wisconsin, complete both the left and right columns. If you and your spouse are not a Wisconsin resident, complete only the left hand column.
- Joint Credit - with your spouse. Complete the left and right columns on both sides of this form and other sections as they apply.
- Joint Credit - with another applicant or cosigner who is not your spouse. If either applicant is married, and both applicant and spouse are Wisconsin residents, each applicant must complete separate applications and include information about a spouse in the right hand column.

VISA Visa Platinum
 Maximum Platinum Limit is \$10,000
If you fail to qualify for the Visa Platinum Card, but meet the standards of the Visa Classic card, a Visa Classic Card will be issued.

VISA Visa Classic
 Maximum Classic Limit is \$5000

MasterCard MasterCard
 Maximum Mastercard Limit is \$10,000

Desired Credit Limit \$ _____

This is a new card
 This is a Credit Limit Increase Request

APPLICANT

NAME		DATE OF BIRTH	
SOCIAL SECURITY NUMBER		# OF DEPENDANTS	
ADDRESS-STREET		SINCE	
CITY, STATE, ZIP		HOME PHONE	
EMPLOYER	DRIVER'S LICENSE #		
DATE EMPLOYED	WORK PHONE		
MARITAL STATUS: Required if living in a community property state: AZ, CA, ID, LA, NM, NV, TX, WA, WI			
<input type="checkbox"/> Married <input type="checkbox"/> Legally Separated <input type="checkbox"/> Unmarried			
NEAREST RELATIVE NOT LIVING WITH YOU		RELATIONSHIP	
ADDRESS-STREET		TELEPHONE	

SPOUSE

NAME		DATE OF BIRTH	
SOCIAL SECURITY NUMBER		# OF DEPENDANTS	
ADDRESS-STREET		SINCE	
CITY, STATE, ZIP		HOME PHONE	
EMPLOYER	DRIVER'S LICENSE #		
DATE EMPLOYED	WORK PHONE		
MARITAL STATUS: Required if living in a community property state: AZ, CA, ID, LA, NM, NV, TX, WA, WI			
<input type="checkbox"/> Married <input type="checkbox"/> Legally Separated <input type="checkbox"/> Unmarried			
NEAREST RELATIVE NOT LIVING WITH YOU		RELATIONSHIP	
ADDRESS-STREET		TELEPHONE	

INCOME INFORMATION

NOTE: 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.

Net Monthly Pay \$	Other Income \$	Source
Mortgage Holder or Landlord		
Mortgage/Rent Payment \$	Balance Due \$	

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Mortgage Holder or Landlord		
Mortgage/Rent Payment \$	Balance Due \$	

BALANCE TRANSFER REQUEST

Upon approval, I hereby authorize Brokaw Credit Union to pay the "Amount" indicated to the "Credit Card Account" number shown by adding the "Amount" to my Brokaw Credit Union Credit Card Account.

Lender Name _____	Lender Name _____
Payment Address _____	Payment Address _____
City, State, Zip _____	City, State, Zip _____
Credit Card Account # _____	Credit Card Account # _____
Pay this Amount \$ _____	Pay this Amount \$ _____
Signature _____	Signature _____

NOTICE TO MARRIED APPLICANT: No provision of a marital property agreement, a unilateral statement under Wis. Stats. sec 766.59 or a court decree under Wis. Stats. sec 766.70 adversely affects the interests of the credit union unless prior to the time the credit is extended, the credit union is furnished with a copy of the agreement, statement or decree, or has actual knowledge of the adverse provision when the obligation to the credit union is incurred.

This statement is submitted to obtain credit and does not constitute a contract for the extension of credit. I (We) certify that all information herein is true and complete. I (We) also authorize the credit union to verify or obtain any additional information the credit union may deem necessary concerning my (our) credit standing from credit bureaus, collection agencies, and any other source for consideration for the loan applied for here or for any other service offered at this credit union or its affiliate. The credit union may release information about its credit experience with me (us). I (We) understand that it may be a Federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements concerning any of the above facts, as applicable under the provisions of Title 18, United States Code, section 1014.

I agree to be bound by all terms and conditions of the applicable Brokaw Credit Union Notes, Security Agreements and Federal Disclosure Statements.

SIGNATURE OF APPLICANT	DATE	SIGNATURE OF APPLICANT	DATE
X		X	

BCU members may not hold more than one BCU credit card. If you currently hold a BCU credit card, upon approval of this application, your other BCU credit card will be closed.

WISCONSIN RESIDENT MUST COMPLETE ONLY IF YOU HAVE A SPOUSE WHO IS NOT A CO-APPLICANT

I certify that credit being applied for, if granted, will be incurred or obtained during marriage and will be in the best interest of the marriage or family. This statement is made in accordance with Wis. Stat. Sec. 766.55(1)

SIGNATURE OF APPLICANT	DATE
X	

FOR CREDIT UNION USE ONLY

Approved _____ Denied _____ Visa or M/C No. _____
 Loan Officer _____ Date _____ Credit Limit _____ Debt Ratio _____

Our Mailing Address

Brokaw Credit Union
 PO Box 199
 Weston, WI 54476-0199
 tel: 715-359-7012
 fax: 715-355-5295

