



CREDIT LINE ACCOUNT AND PERSONAL LOAN APPLICATION

ACCOUNT NUMBER – APPLICANT	ACCOUNT NUMBER – CO-APPLICANT	DATE
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Applicant Information PRINT OR TYPE ALL INFORMATION

1. If You live in a community property state, are You:

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

3. Method of Payment: Payroll Deduction Automatic Share Transfer Cash Payment

Spouse/Co-Applicant Information

4. Complete Spouse/Co-Applicant Information only if:

a. This is for joint credit with Your Spouse or other Co-Applicant;
b. Your Spouse will use Your Account;
c. You are relying on Your Spouse's income as a source of repayment for the credit requested; or
d. You live in a community property state: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, Wisconsin (or Puerto Rico).

5. Definitions:
Whenever used in this application, the words "You" and "Your" refer to the Applicant(s) or Spouse/Co-Applicant and the words "We," "Us," and "Our" refer to the Lender.

Closed-End Credit Applied For:

Type: New Auto Used Auto Signature
 Other (specify) _____
Amount Requested \$ _____
Purpose _____
Collateral Offered _____

Open-End Credit Applied For:

VISA Classic - Limit Desired \$ _____
 Share Secured VISA - Limit Desired \$ _____
 Personal Line of Credit - Limit Desired \$ _____

Please refer to the Important Credit Card Disclosures located on Page 2.

APPLICANT OR CO-SIGNER

SPOUSE/CO-APPLICANT

FIRST NAME	INITIAL	LAST NAME
SOCIAL SECURITY NUMBER		BIRTHDATE
CURRENT STREET ADDRESS	APT. NO.	YEARS THERE
CITY	STATE	ZIP
DO YOU: <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> PAY BOARD AMOUNT \$ _____		
FORMER ADDRESS (COMPLETE IF PREVIOUS ADDRESS IS LESS THAN 2 YEARS)		TIME AT ADDRESS
HOME TELEPHONE	NO. OF DEP.	AGES OF DEPENDENTS
NAME, ADDRESS AND TELEPHONE OF NEAREST RELATIVE NOT LIVING WITH YOU		

FIRST NAME	INITIAL	LAST NAME
SOCIAL SECURITY NUMBER		BIRTHDATE
CURRENT STREET ADDRESS	APT. NO.	YEARS THERE
CITY	STATE	ZIP
DO YOU: <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> PAY BOARD AMOUNT \$ _____		
FORMER ADDRESS (COMPLETE IF PREVIOUS ADDRESS IS LESS THAN 2 YEARS)		TIME AT ADDRESS
HOME TELEPHONE	NO. OF DEP.	AGES OF DEPENDENTS
NAME, ADDRESS AND TELEPHONE OF NEAREST RELATIVE NOT LIVING WITH YOU		

EMPLOYMENT AND INCOME If self-employed, attach financial statement or income tax returns.

CURRENT EMPLOYER	START DATE
ADDRESS/CITY/STATE/ZIP	
WORK TELEPHONE	POSITION
FORMER EMPLOYER	POSITION
MO. GROSS INCOME	SINCE

CURRENT EMPLOYER	START DATE
ADDRESS/CITY/STATE/ZIP	
WORK TELEPHONE	POSITION
FORMER EMPLOYER	POSITION
MO. GROSS INCOME	SINCE

OTHER INCOME Alimony, child support, or separate maintenance income need not be revealed if You do not choose to have it considered. (Proof Required)

TYPE OF OTHER INCOME	MONTHLY AMOUNT
NAME AND ADDRESS OF PAYER	

TYPE OF OTHER INCOME	MONTHLY AMOUNT
NAME AND ADDRESS OF PAYER	

SIGNATURES

You warrant the truth of the above information and You realize that it will be relied upon by Us in deciding whether or not to grant the credit applied for. You hereby authorize Us, Our employees and agents to investigate and verify any information provided to Us by You. If this application is for any Feature Category contained in Our Credit Line Account Program, You agree and understand that if approved, You are contractually liable according to the applicable terms of the Credit Line Account Agreement and Disclosure. You acknowledge receiving a copy of that Agreement and promise to pay all amounts charged to Your Account according to its terms. If this is a joint application, You agree that such liability is joint and several. You authorize Us to accept Your facsimile signatures on this application and agree that Your facsimile signature will have the same legal force and effect as Your original signature. You assume any risk that may be associated with permitting Us to accept Your facsimile signature.

If You are issued a credit card, by signing below, You grant and consent to a lien on Your shares with Us (except IRA and Keogh accounts) and any dividends due or to become due to You from Us to the extent You owe on any unpaid credit card balance.

You hereby acknowledge Your intent to apply for joint credit _____

Applicant's Initials

Co-Applciant's Initials

X

Signature of Applicant or Co-Signer

Date

X

Signature of Spouse/Co-Applciant

Date

IMPORTANT CREDIT CARD DISCLOSURES. The following disclosure represents important details concerning Your Credit Card. The information about costs of the Card is accurate as of the effective date of _____. You can call Us at (619) 745-4313 or write Us at 2700 E. 4th Street, National City, CA 91950 to inquire if any changes have occurred since the effective date.

Interest Rate and Interest Charges

Annual Percentage Rate (APR) For Purchases

VISA Classic: 9.90 % - 14.52 % based on Your creditworthiness.

Share Secured VISA: 14.52 % - 14.52 % based on Your creditworthiness.

APR For Balance Transfers

VISA Classic: 9.90 % - 14.52 % based on Your creditworthiness.

Share Secured VISA: _____ % - _____ % based on Your creditworthiness.

APR For Cash Advances

VISA Classic: 9.90 % - 14.52 % based on Your creditworthiness.

Share Secured VISA: _____ % - _____ % based on Your creditworthiness.

How to Avoid Paying Interest On Purchases

Your due date will be at least 25 days following the statement closing date, and We will not charge You interest on purchases if You pay Your entire balance owed each month by Your due date.

For Credit Card Tips from the Consumer Financial Protection Bureau

To learn more about factors to consider when applying for or using a Credit Card, visit the website of the Consumer Financial Protection Bureau at <http://www.consumerfinance.gov/learnmore>.

Fees

Annual Fee

\$20.00

Transaction Fees

- Cash Advance **3.00%** of each advance (**\$10.00** minimum - **\$200.00** maximum)
- Balance Transfer **3.00%** of each transfer (**\$10.00** minimum - **\$150.00** maximum)
- Foreign Transaction **0.80%** of each foreign currency transaction in U.S. dollars.
1.00% of each U.S. Dollar transaction that occurs in a foreign country.

Penalty Fees

- Late Payment Up to **\$25.00**
- Returned Payment Up to **\$25.00**

How We Will Calculate Your Balance: We use a method called "average daily balance (including new purchases)."