

LUFTHANSA EMPLOYEE FEDERAL CREDIT UNION
Credit Card Application Form

Application for **MasterCard Gold** Account - please check one: Individual Joint Account

| | | | | | |
|---|----------|-------------------|--------------------|-----------------------|---------------------|
| COMPLETE LEGAL NAME OF APPLICANT | | | DATE OF BIRTH | MOTHERS MAIDEN NAME | |
| RESIDENCE STREET ADDRESS | CITY | STATE | ZIP CODE | HOW LONG AT RESIDENCE | |
| <input type="checkbox"/> OWN <input type="checkbox"/> RENTING <input type="checkbox"/> BUYING <input type="checkbox"/> WITH PARENTS | | | | | |
| EMAIL ADDRESS | | | HOME PHONE | CELL PHONE | |
| SOCIAL SECURITY NO | | NO. OF DEPENDENTS | | GROSS SALARY | |
| DEPARTMENT | POSITION | LH PERS. NO | DATE OF EMPLOYMENT | WORK PHONE | |
| LAST PREVIOUS ADDRESS | | CITY | STATE | ZIP CODE | DRIVERS LICENSE NO. |
| NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU (STREET ADDRESS, CITY, STATE, ZIP) | | | | | RELATIONSHIP |
| INCOME FOR ALIMONY, CHILD SUPPORT OR SEPARATE MAINTENANCE PAYMENTS DO NOT HAVE TO BE REVEALED IF THE APPLICANT DOES NOT WANT THE CREDITOR TO CONSIDER SUCH INCOME IN DETERMINING CREDIT WORTHINESS: | | | | | |
| \$ _____ | | | | | |
| SOURCE OF ADDITIONAL INCOME | | NET AMOUNT | \$ _____ WK | | |
| | | NET AMOUNT | \$ _____ MO | | |
| RECEIVING UNDER : <input type="checkbox"/> WRITTEN AGREEMENT | | | | | |
| <input type="checkbox"/> COURT ORDER <input type="checkbox"/> ORAL UNDERSTANDING | | | | | |
| SOURCE - NAME AND ADDRESS OF PAYER | | | | | |

THE BOTTOM AREA NEED NOT BE FILLED IN EXCEPT WHEN YOU ARE APPLYING JOINTLY WITH ANOTHER. IF YOU ARE APPLYING JOINTLY PLEASE CHECK HERE:

| | | | | | |
|---|--------------------|--------------------|----------------------|-----------------------|---------------------|
| COMPLETE LEGAL NAME OF JOINT APPLICANT | | | DATE OF BIRTH | | |
| RESIDENCE STREET ADDRESS | CITY | STATE | ZIP CODE | HOW LONG AT RESIDENCE | |
| HOME PHONE NUMBER | SOCIAL SECURITY NO | NO. OF DEPENDENTS | GROSS MONTHLY INCOME | | |
| EMPLOYED BY | POSITION | DATE OF EMPLOYMENT | WORK PHONE | | |
| LAST PREVIOUS ADDRESS | | CITY | STATE | ZIP CODE | DRIVERS LICENSE NO. |
| COMPLETE BUSINESS ADDRESS | | | | SUPERVISORS NAME | |
| NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU (STREET ADDRESS, CITY, STATE, ZIP) | | | | | RELATIONSHIP |

(OVER)

OUTSTANDING DEBTS (List Everything)

IF NONE STATE "NONE"
 THE TOTAL OF ALL MY/OUR PRESENT DEBTS AS BORROWERS, Co-MAKERS OR OTHERWISE IS ARE \$ _____ LIST EACH
 OBLIGATION BELOW: (ATTACH A SEPARATE SHEET IF NECESSARY)

| CREDITOR AND ADDRESS | ACCT. NO. | ORIGINAL AMOUNT | BALANCE | MONTHLY PAYMENTS |
|----------------------|-----------|-----------------|---------|------------------|
| | | | | |
| | | | | |
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| | | | | |
| | | | | |

Have you ever been adjudged as bankrupt or have any judgment, garnishes or other legal proceedings ever been filed against you? _____. If yes, give particulars on a separate sheet.
 I/We certify that all statements made are true and complete and are submitted for the purpose of obtaining credit. I/we authorize you to obtain any information relative to this application from any bank, finance company, any credit bureau and my/our employer. Without in any way limiting the foregoing (I/We affirm, represent and warrant that I/We have no outstanding obligations to any bank, loan company, corporation or individual and no suits, judgments or legal claims of any kind whatsoever are pending against me except as stated by me/us in this application. Everything that I/We have stated in this application is correct to the best of my/our knowledge. I/We understand that you will retain this application whether or not it is approved. You are authorized to check my/our credit and employment history and to answer questions about your credit experience with me/us. I/We hereby request you to issue credit card(s) of the type and in the number indicated above. The Federal Equal Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of sex or marital status. The Federal Agency which administrates compliance with this law concerning this credit union is the: Federal Trade Commission, Pennsylvania Avenue at 6th Street, NW Washington, DC 20580

CONSUMER CREDIT DISCLOSURE OF CREDIT CARD FINANCE CHARGES

Annual percentage rate for purchases and cash advances: _____ 10.80% and may be lowered or increased with 90 days notice
 Grace period for repayment of the balance for purchases: _____ 25 days grace period for retail purchases. No grace period for cash advances.
 Method of computing the balance for purchases: _____ Finance charge on average daily unpaid balance.
 Annual fees: _____ NONE*
 *Corporate cards incur an annual fee of \$35.00
 Minimum finance charge: _____ NONE
 Transaction fee for purchases: _____ NONE
 Transaction fee for cash advances: _____ NONE
 Late payment fee: _____ \$15.00
 Over-the-credit-limit fee: _____ \$15.00

Right of Setoff: If the entire credit card balance becomes due for any reason, you may collect all or part of this unpaid balance by deducting such amount from any deposit balances or other credit balances I have with you. In addition, you may collect all or part of this unpaid balance by selling any property I have given as security for this note and applying the proceeds from such sale toward my debt. I expressly and irrevocably authorize Lufthansa and/or its subsidiaries, and /or Euro Lloyd to deduct all or part of any unpaid balance from any money it owes me (for example, unpaid wages, unused sick days, unused vacation days) and to transmit such amount to you on my behalf.

Collection Costs: I agree to pay any costs, including court costs, reasonably incurred by you in enforcing your rights to collect amount due under the credit card agreement. If you use an attorney who is not a salaried employee to enforce these rights, I also agree to pay an attorney's fee of up to 20% of the amount due under the credit card agreement.

Notice: All loans not secured

Applicable Law: This agreement is governed by New York State Law and US Law.

Notice: All Loans not secured by real estate are covered by life insurance up to \$5,000.00 – at no cost to the borrower(s). **Coverage excludes pre-existing health conditions and loans for borrower(s) who have reached the age of 70.**

Signature of Member X: _____ Date: _____

Signature of Joint Applicant (if any) X: _____ Date: _____

FOR OFFICE USE ONLY:

Approved by: _____ Limit: _____ Date: _____