

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:					
\$ _____	NET AMOUNT	\$ _____	WK		
SOURCE OF ADDITIONAL INCOME	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

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 or collateral 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, or severance pay) 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.

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

Signature of Member X: _____ Date: _____

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

FOR OFFICE USE ONLY:
 Approved by: _____ Limit: _____ Date: _____