

**UOP Federal Credit Union**

25 East Algonquin Road  
Des Plaines, IL 60017-5017

(866)338-6728

FAX (847) 391-2325

**CREDIT LINE ACCOUNT  
AND PERSONAL LOAN APPLICATION**

ACCOUNT NUMBER - APPLICANT

ACCOUNT NUMBER - CO-APPLICANT

DATE

**Applicant Information** PRINT OR TYPE ALL INFORMATION

**Spouse/Co-Applicant 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

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.  
d. You live in a community property state: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, Wisconsin (and 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.

**Open-End Credit Applied For:**

Signature Line of Credit - Limit Desired \$ \_\_\_\_\_

Credit Card Consolidation - Limit Desired \$ \_\_\_\_\_

VISA - Limit Desired \$ \_\_\_\_\_

**Closed-End Credit Applied For:**

Type:  New Auto  Used Auto  Share Secured  Pre - Approval  Personal

Amount Requested \$ \_\_\_\_\_ Length of Repayment Mos. \_\_\_\_\_

Purpose \_\_\_\_\_

Collateral Offered \_\_\_\_\_

\*There are costs associated with the use of any Credit Card issued to You by Us. Please refer to the Important Credit Card Disclosure located on page 3 for a description of those costs.

**APPLICANT**

FIRST NAME	INITIAL	LAST NAME	
SOCIAL SECURITY NUMBER	DRIVERS LICENSE NUMBER/STATE	BIRTHDATE	
CURRENT STREET ADDRESS	APT. NO.	SINCE (MO. YR.)	
CITY	STATE	ZIP	
COUNTY	TOWNSHIP		
FORMER ADDRESS (COMPLETE IF PREVIOUS ADDRESS IS LESS THAN 3 YEARS)			YEARS THERE
DO YOU:	HOME TELEPHONE	NO. OF DEPENDENTS	AGES OF DEPENDENTS
<input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> PAY BOARD	( )		
NAME, ADDRESS AND TELEPHONE OF NEAREST RELATIVE NOT LIVING WITH YOU			

**SPOUSE/CO-APPLICANT**

FIRST NAME	INITIAL	LAST NAME	
SOCIAL SECURITY NUMBER	DRIVERS LICENSE NUMBER/STATE	BIRTHDATE	
CURRENT STREET ADDRESS	APT. NO.	SINCE (MO. YR.)	
CITY	STATE	ZIP	
COUNTY	TOWNSHIP		
FORMER ADDRESS (COMPLETE IF PREVIOUS ADDRESS IS LESS THAN 3 YEARS)			YEARS THERE
DO YOU:	HOME TELEPHONE	NO. OF DEPENDENTS	AGES OF DEPENDENTS
<input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> PAY BOARD	( )		
NAME, ADDRESS AND TELEPHONE OF NEAREST RELATIVE NOT LIVING WITH YOU			

**EMPLOYMENT AND INCOME** Attach two most recent pay check stubs. If self-employed check here  and attach 2 years federal income tax returns.

CURRENT EMPLOYER (INCLUDE EMPLOYEE I.D. IF APPLICABLE)	EMPLOYMENT DATE	
ADDRESS/CITY/STATE/ZIP		
WORK TELEPHONE	POSITION	MO. GROSS INCOME
( )		\$
FORMER EMPLOYER	POSITION	YEARS THERE

CURRENT EMPLOYER (INCLUDE EMPLOYEE I.D. IF APPLICABLE)	EMPLOYMENT DATE	
ADDRESS/CITY/STATE/ZIP		
WORK TELEPHONE	POSITION	MO. GROSS INCOME
( )		\$
FORMER EMPLOYER	POSITION	YEARS THERE

**OTHER INCOME** You need not list income from alimony, child support, or separate maintenance payments unless You want it considered in evaluating this credit application.

TYPE OF OTHER INCOME	MONTHLY AMOUNT
	\$
NAME AND ADDRESS OF PAYER	

TYPE OF OTHER INCOME	MONTHLY AMOUNT
	\$
NAME AND ADDRESS OF PAYER	

**ASSETS AND DEPOSITS** Attach a separate sheet if necessary.

TYPE	BANK (OR OTHER) NAME, ADDRESS	ACCOUNT NO.	INTEREST RATE	APPROX. BAL.
Checking				
Savings				
Other				
CAR 1 - YR. - MAKE - MODEL			BALANCE OWED	
			\$	
CAR 2 - YR. - MAKE - MODEL			BALANCE OWED	
			\$	
HOMEOWNERS: PLEASE INDICATE NAME(S) ON DEED		PURCHASE PRICE	APPROX. VALUE	
		\$	\$	

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Checking				
Savings				
Other				
CAR 1 - YR. - MAKE - MODEL			BALANCE OWED	
			\$	
CAR 2 - YR. - MAKE - MODEL			BALANCE OWED	
			\$	
HOMEOWNERS: PLEASE INDICATE NAME(S) ON DEED		PURCHASE PRICE	APPROX. VALUE	
		\$	\$	



**Important Credit Card Disclosure.** The following disclosure represents important details concerning Your VISA Credit Card. The information about costs of the Card are accurate as of the effective date shown below. You can call Us at (866) 338-6728 or write Us at 25 E. Algonquin Road, Des Plaines, IL 60017-5017 to inquire if any changes have occurred since the effective date of February 15, 2006.

<b>Annual Percentage Rate (APR) for Purchases</b>	<b>9.90%</b>
<b>Other APRs</b>	Cash Advance APR: 9.90% Balance Transfer APR: 9.90%
<b>Grace period for Repayment of Balances for Purchases</b>	25 Days
<b>Method of Computing the Balance for Purchases</b>	Average Daily Balance (including new purchases)
<b>Annual Fee</b>	None
<b>Minimum Finance Charge</b>	None
<b>Over Limit Fee</b>	\$10
<b>Late Charge</b>	\$10
<b>Foreign Transaction Fee</b>	1.00% of Settlement Amount