



P.O. Box 23393
Washington, DC 20026-3393
(202) 318-1991 • Fax (202) 609-8210

CREDIT LINE ACCOUNT AND PERSONAL LOAN APPLICATION

ACCOUNT NUMBER - APPLICANT	ACCOUNT NUMBER - CO-APPLICANT	DATE
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A better environment for your money.

Applicant Information

PRINT OR TYPE ALL INFORMATION

1. If You are applying for joint credit with Your Spouse/Co-Applicant, are relying on Your Spouse's income as a source of repayment for the credit requested or if You live in a community property state: AZ, CA, ID, LA, NM, NV, TX, and WI (or Puerto Rico), complete the Spouse/Co-Applicant section and the following:

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

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.

Type of Credit Applied For

Loan Amount/Credit Limit Desired: \$ _____ Purpose: _____

New Auto Used Auto Share/Certificate Secured Signature Signature Line of Credit
 MasterCard* Secured MasterCard* Other _____ Other _____

*Please refer to the Important Credit Card Disclosures located on Page 2 for rate, fee, and other cost information.

APPLICANT

FULL NAME		MOTHER'S MAIDEN NAME	
SOCIAL SECURITY NUMBER	E-MAIL ADDRESS	BIRTHDATE	
CURRENT STREET ADDRESS		APT. NO.	SINCE (MO./YR.)
CITY	STATE	ZIP	
FORMER ADDRESS (COMPLETE IF PREVIOUS ADDRESS IS LESS THAN 2 YEARS)			YEARS THERE
HOME TELEPHONE		CELL TELEPHONE	
DO YOU:	AMT. OF RENT/MORTGAGE	NO. OF DEP.	
<input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> OTHER			
NAME, ADDRESS AND TELEPHONE OF NEAREST RELATIVE NOT LIVING WITH YOU			
NAME, ADDRESS AND TELEPHONE OF NEAREST REFERENCE NOT LIVING WITH YOU			

SPOUSE/CO-APPLICANT

CO-SIGNER

FULL NAME		MOTHER'S MAIDEN NAME	
SOCIAL SECURITY NUMBER	E-MAIL ADDRESS	BIRTHDATE	
CURRENT STREET ADDRESS		APT. NO.	SINCE (MO./YR.)
CITY	STATE	ZIP	
FORMER ADDRESS (COMPLETE IF PREVIOUS ADDRESS IS LESS THAN 3 YEARS)			YEARS THERE
HOME TELEPHONE		CELL TELEPHONE	
DO YOU:	AMT. OF RENT/MORTGAGE	NO. OF DEP.	
<input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> OTHER			
NAME, ADDRESS AND TELEPHONE OF NEAREST RELATIVE NOT LIVING WITH YOU			
NAME, ADDRESS AND TELEPHONE OF NEAREST REFERENCE NOT LIVING WITH YOU			

EMPLOYMENT AND INCOME

If self-employed or retired, attach prior two years Federal income tax returns or retirement income verification. * You need not list income from alimony, child support or separate maintenance payments unless You want it considered in evaluating this credit application.

CURRENT EMPLOYER		EMPLOYMENT DATE
WORK LOCATION	MONTHLY GROSS INCOME	EMPLOYER'S TELEPHONE NUMBER
	\$	
FORMER EMPLOYER	YEARS THERE	
OTHER INCOME SOURCE*	MONTHLY AMOUNT	
	\$	

CURRENT EMPLOYER		EMPLOYMENT DATE
WORK LOCATION	MONTHLY GROSS INCOME	EMPLOYER'S TELEPHONE NUMBER
	\$	
FORMER EMPLOYER	YEARS THERE	
OTHER INCOME SOURCE*	MONTHLY AMOUNT	
	\$	

OPTIONAL DEBT PROTECTION

Debt protection coverage is not required to obtain credit and, for Credit Line Accounts, will be included only if requested immediately below by the APPLICANT. The debt protection costs for Credit Line Accounts are shown below. For Credit Line Accounts, the coverage charge is calculated each month by multiplying the outstanding balance of the Account on the last day of that month by the rate shown. For Closed-End loans, the total debt protection costs will be calculated and disclosed to You separately.

Monthly Cost per \$1000 of Outstanding Balance for Credit Line Accounts - You must CHECK ONE OR MORE of the boxes below.

Death, Disability and Involuntary Unemployment: Single Coverage - _____ Yes No Joint Coverage - _____ Yes No
 Death and Disability: Single Coverage - _____ Yes No Joint Coverage - _____ Yes No
 Death: Single Coverage - _____ Yes No Joint Coverage - _____ Yes No
 Disability: Single Coverage - _____ Yes No Joint Coverage - _____ Yes No

Closed-End Loan Applicants - You must CHECK ONE OR MORE of the boxes below.

You are interested in Death, Disability and Involuntary Unemployment - single coverage joint coverage
 You are interested in Death and Disability - single coverage joint coverage
 You are interested in Death - single coverage joint coverage
 You are interested in Disability - single coverage joint coverage
 You are not interested in Debt Protection

NOTE: For Closed-End loans, an appropriate disclosure will be furnished if Your credit is approved. If this application is for a Credit Line Account and You are applying for debt protection, You authorize Us to add the required costs to Your Account, charge a Finance Charge on the costs at the rate which applies to Your Account, and forward such costs to the debt protection Company.

SIGNATURE OF APPLICANT _____ SIGNATURE OF CO-APPLICANT _____

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 or Credit Card contained in Our Credit Card Account Program, You agree and understand that if approved, You are contractually liable according to the terms of the applicable Credit Line Account Agreement and Disclosure or Credit Card Account Agreement and Disclosure. You will receive a copy of that Agreement and Disclosure no later than the time of Your first credit advance and You 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 those deposits established under a governmental approved tax deferral plan such as 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-Applicant's Initials _____

APPLICANT SIGNATURE	SPOUSE/CO-APPLICANT SIGNATURE
DATE	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 January 1, 2021. You can call Us at (202) 318-1991 or write Us at P.O. Box 23393, Washington, DC 20026-3393 to inquire if any changes have occurred since the effective date.

Interest Rate and Interest Charges	
Annual Percentage Rate (APR) For Purchases	<p>MasterCard: 7.00%-18.00% This APR will vary with the market based on the Prime Rate.</p> <p>Secured MasterCard: 15.00%</p>
APR For Balance Transfers	<p>MasterCard: 2.99% Introductory APR for 12 billing cycles. After that, Your APR will be 7.00%-18.00%. This APR will vary with the market on the Prime Rate.</p> <p>Secured MasterCard: 15.00%</p>
APR For Cash Advances	<p>MasterCard: 7.00%-18.00% This APR will vary with the market based on the Prime Rate.</p> <p>Secured MasterCard: 15.00%</p>
How To Avoid Paying Interest On Purchases	Your due date is at least 25 days after the close of each billing cycle. We will not charge You interest on purchases if You pay Your entire balance owed by the due date each month.
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	
Transaction Fees	<ul style="list-style-type: none"> • Cash Advance 2.00% for each cash advance • Foreign Transaction 1.00% of each foreign currency transaction in U.S. Dollars. 0.80% of each U.S. Dollar transaction that occurs in a foreign country.
Penalty Fees	<ul style="list-style-type: none"> • Returned Payment Up to \$25.00 • Late Payment Up to \$20.00

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