



**PASADENA
FEDERAL CREDIT UNION**
P.O. Box 7132
Pasadena, CA 91109-7132
626.799.0882 • FAX 626.799.5114
www.pfcu.org

LOAN APPLICATION

PRINT OR TYPE ALL INFORMATION

ACCOUNT NUMBER - APPLICANT	ACCOUNT NUMBER - CO-APPLICANT	DATE
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NOTICE: Married Applicants may apply for a separate account. Check the appropriate box below to indicate the type of credit for which You are applying.
If You live in a community property state, are You: Married Separated Unmarried (Includes Single, Divorced and Widowed)
 Individual Credit: Complete Applicant sections. Complete other sections as follows: (1) Information about Your spouse if You live in a community property state (AZ, CA, ID, LA, NM, NV, TX, WA, WI) or Puerto Rico or Your spouse will use the Account; and (2) If You are relying on alimony, spousal support, child support or separate/spousal maintenance as a basis for repayment of the credit applied for, provide information about the party making those payments.
 Joint Credit: Provide information about both of You by completing Applicant and Spouse/Co-Applicant sections.
 Definitions: Whenever used in this application, the words "You" and "Your" refer to the applicant(s), and the words "We", "Us", and "Our" refer to Lender.

Type of Credit Applied For: <input type="checkbox"/> Signature Loan: Amount Requested \$ _____ <input type="checkbox"/> Overdraft/Line of Credit: Limit Requested \$ _____ <input type="checkbox"/> VISA*: Limit Desired \$ _____	*Please refer to the Important Credit Card Disclosure located on page 2 for rate, fee and cost information. <input type="checkbox"/> New Vehicle <input type="checkbox"/> Used Vehicle \$ _____ \$ _____ Purpose _____ Year/Make/Model _____
Method of Payment: <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Monthly Coupons <input type="checkbox"/> Automatic Transfer From ACCOUNT NUMBER _____	

APPLICANT

FIRST NAME	INITIAL	LAST NAME
SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER	BIRTHDATE
CURRENT STREET ADDRESS	APT. NO.	SINCE (MO./YR.)
CITY	STATE	ZIP
<input type="checkbox"/> RENT <input type="checkbox"/> BUYING	MONTHLY AMOUNT	HOME TELEPHONE NUMBER
<input type="checkbox"/> OWN <input type="checkbox"/> OTHER	()	()
NAME AND TELEPHONE NUMBER OF NEAREST RELATIVE NOT LIVING WITH YOU		
NAME AND TELEPHONE NUMBER OF NEAREST REFERENCE NOT LIVING WITH YOU		

SPOUSE/CO-APPLICANT

FIRST NAME	INITIAL	LAST NAME
SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER	BIRTHDATE
CURRENT STREET ADDRESS	APT. NO.	SINCE (MO./YR.)
CITY	STATE	ZIP
<input type="checkbox"/> RENT <input type="checkbox"/> BUYING	MONTHLY AMOUNT	HOME TELEPHONE NUMBER
<input type="checkbox"/> OWN <input type="checkbox"/> OTHER	()	()
NAME AND TELEPHONE NUMBER OF NEAREST RELATIVE NOT LIVING WITH YOU		
NAME AND TELEPHONE NUMBER OF NEAREST RELATIVE NOT LIVING WITH YOU		

EMPLOYMENT AND INCOME

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	HIRE DATE	MONTH/YEAR
ADDRESS		
CITY	STATE	ZIP
TELEPHONE NUMBER	()	
POSITION	MONTHLY SALARY	
FORMER EMPLOYER - Name/Address/Telephone	YEARS	
OTHER INCOME TYPE	MONTHLY AMT.	TOTAL MO. INCOME
NAME/ADDRESS/TELEPHONE OF OTHER INCOME SOURCE	\$	\$

CURRENT EMPLOYER	HIRE DATE	MONTH/YEAR
ADDRESS		
CITY	STATE	ZIP
TELEPHONE NUMBER	()	
POSITION	MONTHLY SALARY	
FORMER EMPLOYER - Name/Address/Telephone	YEARS	
OTHER INCOME TYPE	MONTHLY AMT.	TOTAL MO. INCOME
NAME/ADDRESS/TELEPHONE OF OTHER INCOME SOURCE	\$	\$

CREDIT INFORMATION

TYPE OF LOAN	ACCOUNT NUMBER	NAME AND ADDRESS OF CREDITOR	PRESENT BALANCE	MONTHLY PAYMENTS
2ND MORTGAGE				
AUTO	MAKE YEAR MODEL LIC#	I.D.		

Please answer the following questions. If a yes answer is given, explain on attached sheet.	A		C		<input checked="" type="checkbox"/> Please check: A - Applicant C - Spouse/co-Applicant <input checked="" type="checkbox"/>	A		C	
	YES	NO	YES	NO		YES	NO	YES	NO
1. Have You filed a petition for bankruptcy in the last 10 years?					3. Have You any collection actions or suits pending, judgments filed, tax liens filed, alimony or support awards against You?				
2. Have You ever had credit in any other name? What Name _____					4. Do You have any past due bills?				
					5. Indicate immigration status: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent U.S. Resident <input type="checkbox"/> Other				

SIGNATURES

You warrant the truth of the information contained herein 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 will receive a copy of that Agreement 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, 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-Applicant's Initials _____

APPLICANT SIGNATURE	DATE	SPOUSE/CO-APPLICANT SIGNATURE	DATE
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IMPORTANT CREDIT CARD DISCLOSURES. The following disclosure represents important details concerning Your Credit Card. The information about costs of the Card are accurate as of the effective date of April 1, 2010. You can call Us at 626.799.0882 or write Us at P.O. Box 7132, Pasadena, CA 91109-7132 to inquire if any changes have occurred since the effective date.

Interest Rates and Interest Charges

Annual Percentage Rate (APR) For Purchases	VISA Platinum Preferred: _____ % VISA Platinum Rewards: _____ % Secured VISA Platinum Preferred: _____ % Secured VISA Platinum Rewards: _____ %
Annual Percentage Rate (APR) For Balance Transfers	VISA Platinum Preferred: _____ % VISA Platinum Rewards: _____ % Secured VISA Platinum Preferred: _____ % Secured VISA Platinum Rewards: _____ %
Annual Percentage Rate (APR) For Cash Advances	VISA Platinum Preferred: _____ % VISA Platinum Rewards: _____ % Secured VISA Platinum Preferred: _____ % Secured VISA Platinum Rewards: _____ %
How to Avoid Paying Interest on Purchases	We will not charge You interest on purchases if You pay Your entire balance owed each month within 25 days of Your statement closing date.
For Credit Card Tips from the Federal Reserve Board	To learn more about factors to consider when applying for or using a Credit Card, visit the website of the Federal Reserve Board at http://www.federalreserve.gov/creditcard .

Fees

Transaction Fees	
<ul style="list-style-type: none"> 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
<ul style="list-style-type: none"> Returned Convenience Check 	Up to \$25.00
<ul style="list-style-type: none"> Late Payment 	Up to \$25.00 after 10 days

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

OPTIONAL CREDIT INSURANCE

Credit Life and/or Credit Disability Insurance are not required to obtain credit and, for Credit Line Accounts, will be included only if requested immediately below by the APPLICANT. The insurance rates for Credit Line Accounts are shown below. For Credit Line Accounts, the insurance 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 insurance premium will be calculated and disclosed to You separately.

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

CREDIT LIFE: Single Coverage - _____ Yes No Joint Coverage - _____ Yes No
 CREDIT DISABILITY (Primary Borrower Only): Single Coverage - _____ Yes No

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

You are interested in Credit Disability Insurance - single coverage You are interested in Credit Life Insurance - single coverage joint coverage
 You are not interested in Credit Insurance

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 Credit Insurance, You authorize Us to add the required premiums to Your Account, charge a Finance Charge on the premiums at the rate which applies to Your Account, and forward such premiums to the Insurance Company.

SIGNATURE OF APPLICANT _____ SIGNATURE OF CO-APPLICANT _____