

**NOTICE:** Married applicants may apply for individual credit.

Check the box indicating the type of credit you are applying for:

Member Account Number \_\_\_\_\_

Requested Credit Limit \_\_\_\_\_

Individual Credit:

1) Complete applicant section if you are relying only on your own income and assets to establish credit.

2) Complete other applicant section providing information about your spouse or former spouse if you reside in a community property state (AZ, CA, ID, LA, NM, NV, TX, WA, WI) or if you are relying on alimony, child support or separate maintenance payments to establish credit.

Joint Credit:

1) Complete applicant and co-applicant section providing information about you and the other party.

2) Each joint applicant must sign below.

We intend to apply for joint credit: (Applicant)

(Co-Applicant)

**Important information about procedures for opening a new account:**

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

If you are applying for credit in your name only, do not complete portion on co-applicant. Check One <input type="checkbox"/> Co-Applicant (Joint) <input type="checkbox"/> Authorized Users					
APPLICANT NAME			CO-APPLICANT NAME		
HOME ADDRESS (STREET & NO.)		HOW LONG?	HOME ADDRESS (STREET & NO.)		HOW LONG?
CITY-STATE-ZIP			CITY-STATE-ZIP		
PREVIOUS HOME ADDRESS		HOW LONG?	PREVIOUS HOME ADDRESS		HOW LONG?
HOME PHONE NO.	BIRTH DATE	NO. OF DEPENDENTS	AGES	HOME PHONE NO.	BIRTH DATE
SOCIAL SECURITY NO.			DRIVERS LICENSE NO. AND STATE		
MOTHER'S MAIDEN NAME			MOTHER'S MAIDEN NAME		
BUSINESS PHONE NO.	GROSS MONTHLY INCOME	NET MONTHLY PAY	BUSINESS PHONE NO.	GROSS MONTHLY INCOME	NET MONTHLY PAY
EMPLOYER	POSITION	HOW LONG?	EMPLOYER	POSITION	HOW LONG?
BUSINESS ADDRESS			BUSINESS ADDRESS		

Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.	
Alimony, child support, separate maintenance received under: court order <input type="checkbox"/> written agreement <input type="checkbox"/> oral understanding <input type="checkbox"/> Other income: \$ _____ per _____. Source(s) of other income: _____	Alimony, child support, separate maintenance received under: court order <input type="checkbox"/> written agreement <input type="checkbox"/> oral understanding <input type="checkbox"/> Other income: \$ _____ per _____. Source(s) of other income: _____
is any income listed in this Section likely to be reduced in the next two years? <input type="checkbox"/> Yes (Explain in detail on a separate sheet.) <input type="checkbox"/> No	is any income listed in this Section likely to be reduced in the next two years? <input type="checkbox"/> Yes (Explain in detail on a separate sheet.) <input type="checkbox"/> No

OUTSTANDING DEBTS (Include charge accounts, installment contracts, credit cards, rent, mortgages, etc. Use separate sheet if necessary.)					
MORTGAGEE OR LANDLORD	PAYMENT ADDRESS	APPROX. MARKET VALUE	ORIGINAL AMOUNT	BALANCE DUE	MO. PMT./RENT
NAME AND ADDRESS (OTHER DEBTS)		ACCOUNT NUMBER	\$	\$	\$
AUTO OWNED - MAKE		FINANCED BY	\$	MONTHLY PMT.	\$
Other Obligations - (For example, liability to pay alimony, child support, separate maintenance. Use separate sheet if necessary.)					
CHECKING/SHARE DRAFT ACCT. NO.	LOCATION	SAVINGS ACCOUNT NO.	LOCATION		

CREDIT INSURANCE: Credit insurance is available for a nominal cost for this loan. If you are interested in credit insurance please check below:  
 Credit Disability  Yes  No      Single Credit Life  Yes  No      Joint Credit Life  Yes  No

NAME OF (2) REFERENCES NOT LIVING WITH YOU 1)	ADDRESS (CITY-STATE-ZIP)	RELATIONSHIP
2)		
Are you a co-borrower, co-signer, endorser, or guarantor on any loan or contract? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "yes" for whom?	To whom?
Are there any unsatisfied judgements against you? <input type="checkbox"/> Yes <input type="checkbox"/> No      Amount \$	If "yes" to whom owed?	
Have you ever had a car or other personal property repossessed by a creditor, filed for bankruptcy, or been a party to a wage assignment or collection suit? <input type="checkbox"/> Yes <input type="checkbox"/> No If your answer to any part of the question is yes, please give details.		

COMPLETE THE FOLLOWING ONLY IF YOU RESIDE IN A COMMUNITY PROPERTY STATE (ARIZONA, CALIFORNIA, IDAHO, LOUISIANA, NEVADA, NEW MEXICO, TEXAS, WASHINGTON OR WISCONSIN); OR IF ANOTHER PERSON WILL BE JOINTLY LIABLE ON THE ACCOUNT.  Married  Separated  Unmarried

**CONSENT TO OVER-THE-CREDIT LIMIT COVERAGE**

Unless you tell us otherwise, we will decline any transaction that causes you to go over your credit limit. If you want us to authorize these transactions, you can request over-the-credit limit coverage. If you have over-the-credit limit coverage and you go over your credit limit, we will charge you a fee of \$25 and your APRs will not be increased. You will only pay one fee per billing cycle, even if you go over your limit multiple times in the same cycle.

Even if you request over-the-credit limit coverage, in some cases we may still decline a transaction that would cause you to go over your limit, such as if you are past due or significantly over your credit limit. If you want over-the-credit limit coverage and to allow us to authorize transactions that go over your credit limit, please:

Call us at (313) 568-5000; Visit [www.dmcu.com](http://www.dmcu.com); or Check or initial the box below, and return the form to us at 1480 E. Jefferson Avenue, Detroit, MI 48207.

I want over-the-limit coverage. I understand that if I go over my credit limit, I will be charged a fee of \$25.00 and my APRs will not be increased. [I have the right to cancel this coverage at any time.]

I do NOT want over-the-limit coverage. I understand that transactions that exceed my credit limit will NOT be authorized.

PRINTED NAME	DATE	ACCOUNT NUMBER
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This statement is submitted to obtain credit and I (We) certify that all information herein is true and complete. I (We) also authorize the Credit Union to verify or obtain further information the Credit Union may deem necessary concerning my (our) credit standing. If this application is approved and a Visa card(s) issued, the undersigned applicant(s) by signing, using or permitting another to use the Visa card(s) agree(s) that the applicant(s) will be bound by the terms and conditions accompanying the Visa card(s) and all amendments. My (our) signature(s) represent(s) acknowledgement of receipt and agreement to the terms and conditions of the Visa Credit Card Agreement and Disclosures.

APPLICANT'S SIGNATURE	DATE	CO-APPLICANT'S SIGNATURE	DATE
X		X	

By signing this contract, you agree that this Credit Union has a security interest, pledge, in all present or future shares and deposit with us. To the extent in which you have a right to withdraw those sums for your personal use, the Credit Union may transfer from any deposit account to your Visa Classic account if you are delinquent or otherwise in default. In addition, collateral securing your other loans with the Credit Union account(s) will also secure credit extended under this agreement. If you withdraw all your shares, you are no longer a member of the Credit Union, and you may not receive any more advances under this agreement.

APPLICANT'S SIGNATURE	DATE	CO-APPLICANT'S SIGNATURE	DATE
X		X	

<b>FOR CREDIT UNION USE ONLY</b>	CREDIT LIMIT \$ _____	APPROVED <input type="checkbox"/> NOT APPROVED <input type="checkbox"/>
VISA ACCOUNT NO. _____	_____	LOAN COMMITTEE OR LOAN OFFICER _____
		DATE _____