



1209 W. King
 Kingsville, Texas
 78363-8202
 www.kaefcu.com

361.592.5148
 800.338.7041
 Fax: 361.592.2103

Member Account #	Credit Limit Requested	# of Cards	Check Card Choice <input type="checkbox"/> MASTERCARD
------------------	------------------------	------------	--

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.

- Individual Credit: Complete Applicant section. Complete Co-Applicant section 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 (2) If your spouse will use the Account.
- Joint Credit: Provide information about both of you by completing Applicant and Co-Applicant sections.

Please tell us about yourself.

Last Name		First	Middle	Social Security#	
Street Address		Apt. #	City	State	Zip
Employer		Employer Address			Start Date
Position	Notice: Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered.				<input type="checkbox"/> Gross Monthly Income
<input type="checkbox"/> Own <input type="checkbox"/> Rent	Other Source	\$	Per		<input type="checkbox"/> Net Monthly Income \$
Monthly Payment \$	Work Phone		Home Phone		Mother's Maiden Name

Please tell us about your co-applicant (complete for Joint Credit).

Last Name		First	Middle	Social Security#	
Street Address		Apt. #	City	State	Zip
Employer		Employer Address			Start Date
Position	Notice: Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered.				<input type="checkbox"/> Gross Monthly Income
<input type="checkbox"/> Own <input type="checkbox"/> Rent	Other Source	\$	Per		<input type="checkbox"/> Net Monthly Income \$
Monthly Payment \$	Work Phone		Home Phone		Mother's Maiden Name

Please sign here (both signatures required for Joint Credit).

A consumer credit report may be requested in connection with this application and with any renewals, updates or extensions of any new credit extended as a result of this application. **Kingsville Area Educators Federal Credit Union** is relying on what you stated in this application and you acknowledge that everything you have stated is true. If a credit card is issued to you and you use the card (or its account number) or authorize its use, you agree that such use will constitute your agreement to the terms of the cardholder agreement that you receive from the credit union.

Applicant Signature	Date	Co-Applicant Signature	Date
---------------------	------	------------------------	------

Outstanding Debts - List Everything (attach other sheets if necessary).

Rent or Mortgage	Name and Address of Creditor	Balance	Monthly Payment
Auto			
Auto			
Other			

PLEASE SEE FAIR CREDIT AND CHARGE CARD DISCLOSURE INFORMATION AT END OF AGREEMENT.

For credit union use only.

<input type="checkbox"/> Approved	Credit Limit	Credit Card Account #
<input type="checkbox"/> Declined		Credit Committee or Loan Officer Signature