



# MASTERCARD CREDIT LINE INCREASE REQUEST

Do You Have:

Regular Master Card     Gold MasterCard  
Account # \_\_\_\_\_ (Required)

Please check the appropriate box to request an increase to your MasterCard card. (Total Line Amount)  
Verification of Income is also required.

\$1,000.00     \$2,500.00  
 \$5,000.00     Other \$ \_\_\_\_\_

## APPLICANT INFORMATION

Applicant Name \_\_\_\_\_ MasterCard Account # \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone(H) (\_\_\_\_) \_\_\_\_\_ Phone (W) (\_\_\_\_) \_\_\_\_\_ Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_  
 Employer \_\_\_\_\_ Year Hired \_\_\_\_\_ Annual Income \$ \_\_\_\_\_  
 Employer's Address \_\_\_\_\_  
 Previous Employer \_\_\_\_\_ How Long \_\_\_\_\_

## CO-APPLICANT INFORMATION (IF ANY)

Applicant Name \_\_\_\_\_ MasterCard Account # \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone(H) (\_\_\_\_) \_\_\_\_\_ Phone (W) (\_\_\_\_) \_\_\_\_\_ Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_  
 Employer \_\_\_\_\_ Year Hired \_\_\_\_\_ Annual Income \$ \_\_\_\_\_  
 Employer's Address \_\_\_\_\_  
 Previous Employer \_\_\_\_\_ How Long \_\_\_\_\_

## SIGNATURES

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. I (we) understand that in considering this application, a credit verification officer may request and use a report from an outside reporting agency or agencies. The credit union may ask a reporting agency or agencies for other such reports in connection with this application for the credit line increase for which I (we) are applying. If I (we) request, the credit union will tell me (us) whether or not the credit union asked for such reports and if the credit union has, will provide me (us) with the name and address of the agency or agencies. I (we), by signing, acknowledge notice of this disclosure under Article 23 of the NYS General Business Law. I (we) understand that if this application is approved and a MasterCard line of credit increase is issued, that I (we) the applicants, by signing, agree to be bound by the terms and conditions of (a) our original application, (b) this increase application request, and (c) all subsequent amendments.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Co-Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

### TABULAR DISCLOSURE

Annual Percentage Rate (APR)	8.9% APR to 15% APR for purchases and cash advances, based on credit history
Grace Period for Repayment of Balances for a Purchase	25 Days
Method of Computing the Balance for Purchases	Average Daily Balance, Including New Purchases
Annual Fees	NONE
Minimum Finance Charge	NONE
Transaction Fee for Purchases or Cash Advances	NONE
Late Payment Fee	\$5.00 if Payment is Made after Due Date
Over-the-Credit-Limit Fee	\$5.00
Cash Advance Fee	No charge until after the fourth advance per month, then \$25
Update: 02/08	