



22777 Main Street
Hayward, CA 94541
(510) 690-6166

PREMIER CREDIT LINE ACCOUNT AND PERSONAL LOAN APPLICATION

MEMBER NUMBER - APPLICANT	MEMBER NUMBER - CO-APPLICANT (if Member)	DATE
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Applicant Information

PRINT OR TYPE ALL INFORMATION

- If you live in a community property state, are you:

 Married Separated Unmarried (Includes Single, Divorced and Widowed)
- Married applicants can apply for individual credit. Indicate if you would like:

 Individual Credit Joint Credit with Your Spouse Joint Credit with a Guarantor or another Applicant
- Method of Payment:

 Payroll Deduction Auto Transfer Easy Pay Cash Pay
- Frequency of Payment:

 Weekly Bi-Weekly Semi-Monthly Monthly

Spouse/Co-Applicant Information

- Complete Spouse/Co-Applicant information only if any of the following apply:
 - This is for joint credit with Your Spouse or other Co-Applicant.
 - Your Spouse will use Your Account.
 - You're relying on Your Spouse's income as a source of repayment for the credit requested.
 - You live in a community property state; Arizona, California, Idaho, Louisiana, New Mexico, Nevada, Texas, Washington, Wisconsin (or Puerto Rico).
- 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 Bay Cities Credit Union.

Credit Applied For:

<input type="checkbox"/> Signature Line of Credit (including Overdraft Protection)	<input type="checkbox"/> Personal Property Secured:	<input type="checkbox"/> New Car	<input type="checkbox"/> Used Car	<input type="checkbox"/> RV	<input type="checkbox"/> Boat	<input type="checkbox"/> Motorcycle
<input type="checkbox"/> Share Secured	<input type="checkbox"/> Other _____	<input type="checkbox"/> VISA Standard	<input type="checkbox"/> VISA Classic	<input type="checkbox"/> VISA Gold	<input type="checkbox"/> VISA Platinum	
<input type="checkbox"/> Credit Limit Applied For: \$ _____		Purpose: _____				

There are costs associated with the use of any Credit Card issued to You by Us. You may request specific information about these costs by contacting Us by telephone at (510) 690-6100 (callers from outside the (510) area code may call collect), or by writing Us at 22777 Main Street, Hayward, CA 94541.

APPLICANT

FIRST NAME		INITIAL	LAST NAME	
SOCIAL SECURITY NUMBER			BIRTHDATE	
CURRENT STREET ADDRESS			YEARS THERE	
CITY	STATE	ZIP		
FORMER ADDRESS (COMPLETE IF CURRENT ADDRESS IS LESS THAN 3 YEARS)			YEARS THERE	
DO YOU: <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> OTHER	HOME TELEPHONE	NO. / AGES OF DEPENDENTS		
MONTHLY AMOUNT \$	()	/		
NAME, ADDRESS AND TELEPHONE OF NEAREST RELATIVE NOT LIVING WITH YOU				

SPOUSE/CO-APPLICANT GUARANTOR

FIRST NAME		INITIAL	LAST NAME	
SOCIAL SECURITY NUMBER			BIRTHDATE	
CURRENT STREET ADDRESS			YEARS THERE	
CITY	STATE	ZIP		
FORMER ADDRESS (COMPLETE IF CURRENT ADDRESS IS LESS THAN 3 YEARS)			YEARS THERE	
DO YOU: <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> OTHER	HOME TELEPHONE	NO. / AGES OF DEPENDENTS		
MONTHLY AMOUNT \$	()	/		
NAME, ADDRESS AND TELEPHONE OF NEAREST RELATIVE NOT LIVING WITH YOU				

EMPLOYMENT AND INCOME If self-employed or retired, attach financial statement or last 2 years income tax returns.

CURRENT EMPLOYER (INCLUDE EMPLOYEE I.D. IF APPLICABLE)		YOUR HIRE DATE
ADDRESS/CITY/STATE/ZIP		
WORK TELEPHONE ()	POSITION	MONTHLY GROSS INCOME \$
FORMER EMPLOYER	POSITION	YEARS THERE

CURRENT EMPLOYER (INCLUDE EMPLOYEE I.D. IF APPLICABLE)		YOUR HIRE DATE
ADDRESS/CITY/STATE/ZIP		
WORK TELEPHONE ()	POSITION	MONTHLY GROSS INCOME \$
FORMER EMPLOYER	POSITION	YEARS THERE

OTHER INCOME You need not list income from alimony, child support or separate maintenance payments unless You want it considered in evaluating this credit application.

TYPE/SOURCE OF OTHER INCOME	MONTHLY AMOUNT \$
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ASSETS AND DEPOSITS Attach a separate sheet if necessary.

TYPE	BANK (OR OTHER) NAME AND ADDRESS	ACCOUNT NUMBER	APPROXIMATE BALANCE
Checking			
Savings			
Other			
CAR 1 - YR. - MAKE - MODEL		BALANCE OWED	
		\$	
CAR 2 - YR. - MAKE - MODEL		BALANCE OWED	
		\$	
HOMEOWNERS: PLEASE INDICATE NAME(S) ON DEED		PURCHASE PRICE	APPROX. VALUE
		\$	\$

TYPE	BANK (OR OTHER) NAME AND ADDRESS	ACCOUNT NUMBER	APPROXIMATE BALANCE
Checking			
Savings			
Other			
CAR 1 - YR. - MAKE - MODEL		BALANCE OWED	
		\$	
CAR 2 - YR. - MAKE - MODEL		BALANCE OWED	
		\$	
HOMEOWNERS: PLEASE INDICATE NAME(S) ON DEED		PURCHASE PRICE	APPROX. VALUE
		\$	\$

Please answer the following questions. If a yes answer is given, explain on attached sheet	A		C		Please Check: A = Applicant C = Spouse/Co-Applicant	A		C	
	Yes	No	Yes	No		Yes	No	Yes	No
1. Have You filed a petition for bankruptcy in the last 10 years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Have You any obligations not listed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Have You ever had any auto, furniture or property repossessed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Do You have any past due bills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you a co-maker or co-signer on any loan? For Whom _____ Amount \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Is any income You have listed likely to reduce in the next 2 years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Have You ever had credit in any other name? What Name _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Indicate immigration status: Applicant <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent U.S. Resident <input type="checkbox"/> Other _____ Co-Applicant <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent U.S. Resident <input type="checkbox"/> Other _____				
5. Have You any suits pending, judgments filed, alimony or support awards against You?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

OPTIONAL CREDIT INSURANCE An appropriate application/disclosure will be furnished at the time Your credit is approved.

PLEASE CHECK ONE OR MORE OF THE BOXES BELOW.

You are interested in Credit Life Insurance - Single Coverage Joint Coverage

You are interested in Credit Disability Insurance - Single Coverage Joint Coverage

You are not interested in Credit Insurance

SIGNATURE OF APPLICANT _____ DATE _____

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, 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.

APPLICANT SIGNATURE DATE	SPOUSE/CO-APPLICANT SIGNATURE DATE
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Share Secured Line of Credit Applicants: If Your credit is approved, You grant Us a specific pledge of shares in Your share account indicated below and for the amount specified below:

Account Number _____ Amount \$ _____

LOAN OFFICER		CREDIT MANAGER OR OTHER	
LOAN APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> REFERRED TO LC <input type="checkbox"/> COUNTER OFFER WILL BE MADE. IF ACCEPTED, LOAN APPROVED.	LOAN APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> COUNTER OFFER WILL BE MADE. IF ACCEPTED, LOAN APPROVED.	DESCRIBE COUNTER OFFER	
SPECIFIC REASON(S) FOR REJECTION			
LOAN OFFICER/LOAN COMMITTEE SIGNATURE	DATE	CREDIT LIMIT \$	ADDITIONAL INFORMATION
CREDIT MANAGER OR OTHER	DATE		
<input type="checkbox"/> ECOA NOTICE AND REASON FOR REJECTION OR UNACCEPTED COUNTER OFFER SENT OR DELIVERED ON			(DATE) BY