

**SELECT EMPLOYEES**

FEDERAL CREDIT UNION

1914 Pan Am Expwy. N.

San Antonio, TX 78208

(210) 223-6561 • FAX (210) 227-8125

**CREDIT LINE ACCOUNT AND
PERSONAL LOAN APPLICATION**

ACCOUNT NUMBER - APPLICANT

ACCOUNT NUMBER - CO-APPLICANT

DATE

Applicant Information

PRINT OR TYPE ALL INFORMATION

1. If You are applying for joint credit with Your Spouse/Co-Applicant, are relying on Your Spouse's income as a source of repayment for the credit requested or if You live in a community property state: (AZ, CA, ID, LA, NM, NV, TX, WI) or Puerto Rico, complete the Spouse/Co-Applicant section and the following:

Married Separated Unmarried (Includes Single, Divorced and Widowed)

2. Married applicants can apply for individual credit. Indicate if You would like:

Individual Credit Joint Credit with Your Spouse/Co-Applicant

Definitions:

Whenever used in this application the words You and Your refer to the Applicant(s) and/or Spouse/Co-Applicant and the words We, Us, and Our refer to the Lender.

Type of Credit Applied For

Loan Amount/Credit Limit Desired: \$ _____ Purpose: _____

 New Auto Used Auto Share Secured

Collateral Offered _____

 Signature Loan Line of Credit

Make _____ Model _____

 MasterCard Classic MasterCard Gold MasterCard Platinum

Year _____ VIN# _____

 Other _____

Important MasterCard Credit Card Disclosures. The following disclosure represents important details concerning Your Credit Card. The information about costs of the Card are Accurate as of January 01, 2000. You can call or write Us at Select Employees Federal Credit Union, 1914 Pan Am Expressway North, San Antonio, Texas 78208, (210) 223-6561 to inquire if any changes have occurred since the effective date.

Annual Percentage Rate (APR) For Purchases	<p>MasterCard Classic 12.75%</p> <p>MasterCard Gold 9.9%</p> <p>MasterCard Platinum 7.9%</p> <p>Share Secured MasterCard 15.90%</p>
Grace Period For Repayment Of Balances For Purchases	25 Days on Average
Method of Computing The Balance For Purchases	Average Daily Balance (Including new purchases)
Minimum Finance Charge	None
Annual Fee	None
Late Charge	\$10
Over-the-Credit-Limit Fee	\$15

APPLICANT

LAST NAME	FIRST NAME	M.I.
SOCIAL SECURITY NUMBER	E-MAIL ADDRESS	BIRTHDATE
CURRENT STREET ADDRESS	APT. NO.	SINCE (MO./YR.)
CITY	STATE	ZIP
FORMER ADDRESS (COMPLETE IF PREVIOUS ADDRESS IS LESS THAN 2 YEARS)		YEARS THERE
DO YOU:	AMT OF RENT/MORTGAGE	HOME TELEPHONE
<input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> OTHER		
NAME, ADDRESS AND TELEPHONE OF NEAREST RELATIVE NOT LIVING WITH YOU		

SPOUSE/CO-APPLICANT

LAST NAME	FIRST NAME	M.I.
SOCIAL SECURITY NUMBER	DRIVERS LICENSE NUMBER	BIRTHDATE
CURRENT STREET ADDRESS	APT.	SINCE (MO./YR.)
CITY	STATE	ZIP
FORMER ADDRESS (COMPLETE IF PREVIOUS ADDRESS IS LESS THAN 3 YEARS)		YEARS THERE
DO YOU:	AMT OF RENT/MORTGAGE	HOME TELEPHONE
<input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> OTHER		
NAME, ADDRESS AND TELEPHONE OF NEAREST RELATIVE NOT LIVING WITH YOU		

EMPLOYMENT AND INCOME

If self-employed or retired, attach prior 2 years Federal income tax returns or retirement income verification.

* 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	EMPLOYMENT DATE
CURRENT JOB TITLE OR OCCUPATION	MONTHLY GROSS INCOME
	EMPLOYER'S TELEPHONE NUMBER
FORMER EMPLOYER	YEARS THERE
OTHER INCOME SOURCE*	MONTHLY AMOUNT
	\$

CURRENT EMPLOYER	EMPLOYMENT DATE
CURRENT JOB TITLE OR OCCUPATION	MONTHLY GROSS INCOME
	EMPLOYER'S TELEPHONE NUMBER
FORMER EMPLOYER	YEARS THERE
OTHER INCOME SOURCE*	MONTHLY AMOUNT
	\$

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 the applicable Feature Category of Your Account, charge a Finance Charge on the premiums at the rate which applies to that Feature Category, and forward such premiums to the Insurance Company.

TERMS & CONDITIONS

Share Secured MasterCard and Share Secured 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 \$ _____

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. If You have elected Optional Credit Insurance and 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 both the applicable terms of the Credit Line Account Agreement and Disclosure together with the Optional Credit Insurance authorization contained herein. You will receive a copy of the Credit Line Account Agreement and Disclosure 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, by signing below, 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.**

PLEASE MAKE SURE YOU HAVE READ THE ABOVE TERMS & CONDITIONS AND PRINT OR RETAIN A COPY FOR YOUR RECORDS.

Copyright Oak Tree Business Systems, Inc., 2001. All Rights Reserved

OTBS 015 Web SELE (1/01)

Signature Date

Signature Date