

## Greater Wayne Community FCU Credit Card Application

Please print this form, fill it out, and fax to **330.927.0701**

General Information	
Will you be applying for Individual or Joint Credit: <input type="checkbox"/> Joint <input type="checkbox"/> Individual	
If applying for joint credit, please sign below to verify that you intend to apply for joint credit	
Applicant:	Co-Applicant:
Marital Status: Complete marital status if this application is for: a. Joint or secured credit, or b. You reside in or rely on property located in a Community Property State. (AZ, CA, ID, LA, NM, NV, TX, WA, WI) <input type="checkbox"/> Unmarried <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> This loan is not for joint or secured credit and I do not live in the states listed above.	
Type of Card Requested:	
Number of Cards Requested:	Limit Requested:
Primary Applicant:	
Last Name:	Member Number:
First Name:	Middle Name:
Social Security Number (TIN):	Date of Birth:
Number of Dependents:	Ages of Dependents:
Home Phone Number:	Work Phone Number:
Other Phone Number:	Email Address:
Drivers License #:	Drivers License State:
Mother's Maiden Name:	
<i>Home Address</i>	
Address 1:	
Address 2:	
City:	State, Zip:
Time at Current Residence:	Residence Type: <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other:
Monthly Payment:	
<i>Previous Address</i>	
Address 1:	
Address 2:	
City:	State, Zip:
Time at Previous Residence:	Residence Type: <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other:
<i>Present Employer</i>	
Name:	Phone Number:
Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp <input type="checkbox"/> Retired <input type="checkbox"/> Other (please specify):	
Job Title:	Job Start Date:
Gross Salary:	per <input type="checkbox"/> Year <input type="checkbox"/> Month <input type="checkbox"/> Hour
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.	
Other Income:	per <input type="checkbox"/> Year <input type="checkbox"/> Month <input type="checkbox"/> Hour
Other Income Source:	
<i>Previous Employer</i>	
Name:	Phone Number:
Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp <input type="checkbox"/> Retired <input type="checkbox"/> Other (please specify):	
Job Title:	Job Start Date:
Job End Date:	
Gross Salary:	per <input type="checkbox"/> Year <input type="checkbox"/> Month <input type="checkbox"/> Hour
Co-Applicant:	

Last Name:		Member Number:	
First Name:		Middle Name:	
Social Security Number:		Date of Birth:	
Number of Dependents:		Ages of Dependents:	
Home Phone Number:		Work Phone Number:	
Other Phone Number:		Email Address:	
Drivers License #:		Drivers License State:	
<i>Home Address</i>			
Address 1:			
Address 2:			
City:		State, Zip:	
Time at Current Residence:		Residence Type: <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other:	
Monthly Payment:			
<i>Previous Address</i>			
Address 1:			
Address 2:			
City:		State, Zip:	
Time at Previous Residence:		Residence Type: <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other:	
<i>Present Employer</i>			
Name:		Phone Number:	
Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp <input type="checkbox"/> Retired <input type="checkbox"/> Other (please specify):			
Job Title:		Job Start Date:	
Gross Salary:		per <input type="checkbox"/> Year <input type="checkbox"/> Month <input type="checkbox"/> Hour	
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.			
Other Income:		per <input type="checkbox"/> Year <input type="checkbox"/> Month <input type="checkbox"/> Hour	
Other Income Source:			
<i>Previous Employer</i>			
Name:		Phone Number:	
Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp <input type="checkbox"/> Retired <input type="checkbox"/> Other (please specify):			
Job Title:		Job Start Date:	
Job End Date:			
Gross Salary:		per <input type="checkbox"/> Year <input type="checkbox"/> Month <input type="checkbox"/> Hour	
<b>Additional Information</b>			
How would you prefer to be contacted? <input type="checkbox"/> Home Phone <input type="checkbox"/> Work Phone <input type="checkbox"/> Other Phone <input type="checkbox"/> Email Address <input type="checkbox"/> Other:			
Special Instructions/Comments:			
<b>Signatures</b>			
Primary Applicant Signature:			Date:
Co-Applicant Signature:			Date: