



501 Dulany Street, 1st Floor
Alexandria, VA 22314
(571) 272-0350 • FAX (571) 273-0190

CREDIT LINE ACCOUNT AND PERSONAL LOAN APPLICATION

ACCOUNT NUMBER - APPLICANT	ACCOUNT NUMBER - CO-APPLICANT	DATE
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Applicant Information PRINT OR TYPE ALL INFORMATION 1. If You live in a community property state, are You: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Includes Single, Divorced and Widowed) 2. Married applicants can apply for individual credit. Indicate if You would like: <input type="checkbox"/> Individual Credit <input type="checkbox"/> Joint Credit with Your Spouse/Co-Applicant 3. Method of Payment: <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Automatic Transfer <input type="checkbox"/> Cash Payment 4. Frequency of Payment: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly	Spouse/Co-Applicant Information 5. Complete Spouse/Co-Applicant Information only if: a. This is for joint credit with Your Spouse or other Co-Applicant. b. Your Spouse will use Your Account. c. You are relying on Your Spouse's income as a source of repayment for the credit requested. d. You live in a community property state: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, Wisconsin (and Puerto Rico). 6. Definitions: Whenever used in this application the words You and Your refer to the Applicant(s) or Spouse/Co-Applicant and the words We, Us, and Our refer to the Lender.
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Open-End Credit Applied For
 Signature Line-of-Credit - Limit Desired \$ _____
 VISA Classic - Limit Desired \$ _____ No. of Cards _____
 Secured VISA - Limit Desired \$ _____ No. of Cards _____
 VISA Gold - Limit Desired \$ _____ No. of Cards _____
 VISA Platinum-Limit Desired \$ _____ No. of Cards _____
 Overdraft Protection - Limit Desired \$ _____

Closed-End Credit Applied For
 Type: New Auto Used Auto Signature Share Secured
 Other (specify) _____
 Amount Requested \$ _____ Length of Repayment Mos. _____
 Purpose _____
 Collateral Offered _____

***Please refer to the Important Credit Card Disclosure for rate, fee and cost information located on page 3.**

APPLICANT

FIRST NAME	INITIAL	LAST NAME
SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER	BIRTHDATE
CURRENT STREET ADDRESS	APT. NO.	SINCE (MO. YR.)
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. OF DEPENDENTS
EMAIL ADDRESS		AGES OF DEPENDENTS
NAME, ADDRESS AND TELEPHONE OF NEAREST RELATIVE NOT LIVING WITH YOU		

SPOUSE/CO-APPLICANT

FIRST NAME	INITIAL	LAST NAME
SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER	BIRTHDATE
CURRENT STREET ADDRESS	APT. NO.	SINCE (MO. YR.)
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. OF DEPENDENTS
EMAIL ADDRESS		AGES OF DEPENDENTS
NAME, ADDRESS AND TELEPHONE OF NEAREST RELATIVE NOT LIVING WITH YOU		

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

CURRENT EMPLOYER	EMPLOYMENT DATE
ADDRESS/CITY/STATE/ZIP	
WORK TELEPHONE	POSITION
	MO. GROSS INCOME \$
FORMER EMPLOYER	POSITION
	YEARS
OTHER INCOME SOURCE	MONTHLY AMOUNT \$
NAME AND ADDRESS OF PAYER	

CURRENT EMPLOYER	EMPLOYMENT DATE
ADDRESS/CITY/STATE/ZIP	
WORK TELEPHONE	POSITION
	MO. GROSS INCOME \$
FORMER EMPLOYER	POSITION
	YEARS
TYPE OF OTHER INCOME	MONTHLY AMOUNT \$
NAME AND ADDRESS OF PAYER	

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

ASSETS AND DEPOSITS Attach a separate sheet if necessary.

DESCRIPTION	ACCOUNT NUMBER/TYPE	BALANCE/VALUE

DESCRIPTION	ACCOUNT NUMBER/TYPE	BALANCE/VALUE

Credit Information. Please list all open accounts. Attach separate sheet if necessary.

A = Applicant C = Spouse/Co-Applicant
 D = Debts to be paid off if loan is granted

Please Check			OBLIGATIONS	Name of Creditor List all obligations including Patent & Trademark Office Federal Credit Union Loans	Monthly Payments	Balance Owed	Amount Past Due
A	C	D					

Please answer the following questions. If a yes answer is given, explain on an attached sheet.	A Yes	No	C Yes	No	TOTALS	\$	\$	\$
1. Have You filed a petition for bankruptcy in the last 10 years?					Please Check: A = Applicant C = Spouse/Co-Applicant			
2. Have You ever had any auto, furniture or property repossessed?					A			
3. Are You a co-maker or co-signer on any loan? For Whom _____ Amount \$ _____					Yes			
4. Have You ever had credit in any other name? What Name _____					C			
5. Have You any suits pending, judgments filed, alimony or support awards against You?					Yes			
					No			
					Yes			
					No			

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, 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.**

You hereby acknowledge Your intent to apply for joint credit _____
 _____ Applicant's Initials _____ Co-Applicant's Initials

X _____ **X** _____
 SIGNATURE OF APPLICANT DATE SIGNATURE OF SPOUSE/CO-APPLICANT DATE

Secured VISA 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 \$ _____

Important Credit Card Disclosure. The following disclosure represents important details concerning Your Credit Card. The information about costs of the Card are accurate as of the effective date of April 23, 2010. You can call Us at (571) 272-0350 or write Us at 501 Dulany Street, 1st Floor, Alexandria, VA 22314 to inquire if any changes have occurred since the effective date.

Interest Rate and Interest Charges	
Annual Percentage Rate (APR) For Purchases	VISA Classic: 12.90% VISA Gold: 11.90% Secured VISA: 18.00% VISA Platinum: 10.90%
Annual Percentage Rate (APR) For Balance Transfers	VISA Classic: 12.90% VISA Gold: 11.90% Secured VISA: 18.00% VISA Platinum: 10.90%
Annual Percentage Rate (APR) For Cash Advances	VISA Classic: 12.90% VISA Gold: 11.90% Secured VISA: 18.00% VISA Platinum: 10.90%
How to Avoid Paying Interest on Purchases	We will not charge You interest on purchases if You pay Your entire balance owed each month within 26 days of Your statement closing date.
For Credit Card Tips from the Consumer Financial Protection Bureau	To learn more about factors to consider when applying for or using a Credit Card, visit the website of the Consumer Financial Protection Bureau at http://www.consumerfinance.gov/learnmore .

Fees	
Transaction Fees <ul style="list-style-type: none"> ▪ Cash Advance ▪ Foreign Transaction 	\$2.00 1.00% of each foreign currency transaction in U.S. dollars. 0.80% of each U.S. Dollar transaction that occurs in a foreign country.
Penalty Fees <ul style="list-style-type: none"> ▪ Late Payment 	Up to 5.00% of the payment due (\$15.00 minimum).

How We Will Calculate Your Balance: For all Feature Categories (except VISA), We use a method called "daily balance." For VISA, We use a method called "average daily balance (including new purchases)."