

Credit Card Application



Credit Limit Requested	Check Card Choice (only one)	Check Plan Choice (only one)	Check Account Choice (only one)
\$	<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa	<input type="checkbox"/> Plan 1 <input type="checkbox"/> Plan 2	<input type="checkbox"/> Joint Credit <input type="checkbox"/> Individual Account <input type="checkbox"/> Corporate - Plan 1

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. What does this mean for you? When you apply for a credit card, we will ask you for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

APPLICANT				CO-APPLICANT			
Last Name		First	M.I.	Last Name		First	M.I.
Social Security		Date of Birth	Home Phone #	Social Security		Date of Birth	Home Phone #
Street Address		City	State Zip	Street Address		City	State Zip
Cell #		E-mail		Cell #		E-mail	
<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other		Monthly Payment \$		<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other		Monthly Payment \$	
Previous Address		City	State Zip	Previous Address		City	State Zip
Employer		Telephone #	How Long (yrs)?	Employer		Telephone #	How Long (yrs)?
Position/Occupation		Self-Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Position/Occupation		Self-Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Work Phone		\$ Monthly Gross Income		Work Phone		\$ Monthly Gross Income	
Source of Additional Income [†]		\$ Amount per month		Source of Additional Income [†]		\$ Amount per month	
Nearest Relative (not living with you)		Home Phone #	Relationship	Nearest Relative (not living with you)		Home Phone #	Relationship

[†]You need not furnish alimony, child support, or maintenance income if you do not want to consider it in evaluating your application.

CREDIT INFORMATION (attach additional sheet if necessary)

Bank Name	Address	Loans	<input type="checkbox"/> Open <input type="checkbox"/> Closed
Checking Account Number/Name Listed	Savings Account Number/Name Listed		

FEDERAL INSURANCE DISCLOSURE AND ACKNOWLEDGMENT

You may be solicited regarding insurance coverage that is available to help protect your credit card account. Please be advised of the following:

- The insurance product or annuity is **not a deposit or other obligation** of Farmers Trust and Savings Bank or any affiliate of Farmers Trust and Savings Bank.
- The insurance product or annuity is **not guaranteed or insured** by Farmers Trust and Savings Bank or any affiliate of Farmers Trust and Savings Bank.
- The insurance product or annuity is **not insured** by the Federal Deposit Insurance Corporation (FDIC) or any other federal or state government agency.

As a condition of opening this credit card account, Farmers Trust and Savings Bank does not require you to purchase the insurance product or annuity from Farmers Trust and Savings Bank or any of its affiliates, nor are you required to agree to refrain from obtaining insurance or annuity products from a company that is not affiliated with Farmers Trust and Savings Bank. Lastly, you are not prohibited from obtaining insurance products from a nonaffiliated company as a condition of opening this credit card account.

By signing below, I acknowledge that I have received a copy of this form on today's date. Unless the disclosures are provided electronically or I have purchased the insurance product or annuity by mail, I also acknowledge that you have provided these disclosures to me orally.

Applicant Signature	Date	Co-Applicant Signature	Date
---------------------	------	------------------------	------

Credit Card Application (continued)

CREDIT DISCLOSURES

Interest Rates and Interest Charges		
	Plan 1	Plan 2
Annual Percentage Rate (APR) for Purchases	12.84% This APR is fixed	16.80% This APR is fixed
APR for Balance Transfers	12.84% This APR is fixed	16.80% This APR is fixed
APR for Cash Advances	12.84% This APR is fixed	16.80% This APR is fixed
Penalty APR and When it Applies	None	None
Paying Interest	Your due date is at least 25 days after the close of each billing cycle. We will not charge you interest on purchases if you pay your entire balance by the due date each month. We will begin charging interest on cash advances and balance transfers on the transaction date.	
Minimum Interest Charge	None	None
For Credit Card Tips from the Federal Reserve Board	To learn more about factors to consider when applying for or using a credit card, visit the website of the Federal Reserve Board at http://www.federalreserve.gov/creditcard	
Fees		
Annual Fee	\$12.00	None
Transaction Fees		
• Balance Transfer	None	None
• Cash Advance	None	2% of the amount of each cash advance (\$2 min. - \$10 max.)
• Foreign Transaction	Up to 1% of the amount of each foreign transaction	Up to 1% of the amount of each foreign transaction
Penalty Fees		
• Late Payment	None	\$10.00 (1)
• Over-the-Credit Limit	None	None
• Returned Payment	None	\$10.00
How We Will Calculate Your Balance: We use a method called "average daily balance (including current transactions)." See your account agreement for more details. (2)		
Billing Rights: Information on your rights to dispute transactions and how to exercise those rights is provided in your account agreement.		

Additional Information

Minimum Payment. The minimum payment required is the New Balance shown on your statement if the amount is equal to or less than \$10.00. If the New Balance exceeds \$10.00 the minimum payment is 3.50% of that portion of the New Balance which does not exceed your credit limit (rounded up to the nearest dollar), or \$10.00, whichever is greater, plus the entire portion of the New Balance in excess of your credit limit, plus any amount past due.

(1) Late charge. If the minimum required payment is not received within 10 days after the Closing Date subsequent to the payment Due Date, a late charge of \$10.00 will be imposed.

(2) Average Daily Balance (including current transactions). To avoid incurring an additional Finance Charge on the balance of purchases reflected on your monthly statement and, on any new purchases appearing on your next monthly statement, you must pay the New Balance, shown on your monthly statement, on or before the Payment Due Date. The grace period for the New Balance of purchases extends to the Payment Due Date.

To avoid incurring an additional Finance Charge on the beginning balance of cash advances reflected on your monthly statement, you must pay the Beginning Balance shown on your monthly statement on or before the Payment Due Date. No grace period is provided for current cycle transactions.

The Finance Charges for a billing cycle are computed by applying the monthly Periodic Rate to the "average daily balance" of cash advances and purchases. To get the average daily balance, we take the beginning balance of your account each day, add any new purchases or cash advances, and subtract any payments, credits, non-accruing fees, and unpaid finance charges. This gives us the daily balance. Then we add up all the daily balances for the billing cycle and divide the total by the number of days in the billing cycle.

SIGNATURE(S)

Please read the following before signing: This statement is submitted to obtain credit and I/we certify that all information herein is true and complete. I/We agree that inquiries may be made to verify information and that credit references or verification may be given based on inquiries from other parties. This offer is subject to the credit policies of this institution. I/We agree to be bound by the terms and conditions of the bank card agreement, a copy of which will be mailed to the applicant if this application is granted, receipt of such agreement and acceptance of such terms to be conclusively presumed by the applicant's use. If this is a joint application, the undersigned shall be jointly and severally liable for any and all credit extended from time to time.

Applicant Signature _____

Date _____

Co-Applicant Signature _____

Date _____

FOR INTERNAL USE ONLY

 Visa ACCOUNT NO.

 MasterCard ACCOUNT NO.

 DATE APPROVED

 CREDIT LINE

 APPROVED BY

 DATE APPROVED

 CREDIT LINE

 APPROVED BY