

VISA® Credit Card

(For adding/removing co-applicant Or authorize d user on an existing account)

APPLICANT			
First and Last Name:		Birth Date	Member#
Social Security Number:	Driver's	License #:	
Home Phone#:			
Home Address:			
CO-APPLICANT/AUTHORIZED USER	(ADD/REMOVE)		
Check One Box Only: Co-Applica	nt Authorized User Rela	tionship to Applicant:	
Add* Remove*			
Name:		Birth Date:	SSN#
Mother's Maiden Name:			
Wiother 3 Maiden Name.			
Driver's License#:	Home Phone:	Cell Phon	e:
Home Address:			
Previous Address:		Country:	Years There:
Present Employer:	Position:	Monthly Inco	me: Hire Date:
Employer Address:	amail addrass.	Country	
Work Phone:	email address:		
*Other income of Applicant (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 debt). Source or Kind of Income: Amount Per Month:			
Source of kind of income:		ived From:	Amount Per Month:
Everything that I have stated in this application is correct to the best of my knowledge. I understand that you will retain this application whether or not it is approved. You are authorized to check my credit and employment history. If this application is approved, I agree to abide by the terms and conditions of the cardholder agreement, a copy of which will be sent with my card(s). I understand that whenever "I" has been used in the above statements, it includes all applicants signing below. If this application is for a "Visa Credit Card" the application will be reviewed by SLB Employees Credit Union, and if approved, will be owned and serviced by SLB Employees Credit Union. I have read and understand VISA Regulation Z published on web: www.secu.slb.com (Lookup Directory, Visa Credit).			
X		X	
Signature- Applicant	Date	Signature- Co-Applica	nt Date
		V	
Requires co-applicant signature	to add or romovo	XSignature Authorized	
Requires co-applicant signature	to add of Temove	Signature Authorized	Osei Date
FOR SECU ONLY			
MSR NAME:		Date:	