



PERSONAL CREDIT CARD APPLICATION

Visa Limit Increase
 Visa Gold

Limit Requested _____

APPLICANT

Last Name		First	Middle	Social Security Number	
Date of Birth	Phone Number	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other		Monthly Payment	
Current Address			City	State	Zip
Mailing Address(if different from above)			City	State	Zip
Previous Address			City	State	Zip
Employer		Position/Occupation		How Long?	
Monthly Gross Income	Work Phone	Source of Additional Income*		Amount per Month?	
Nearest Relative (not living with you)		Home Phone		Relationship	
Driver's License Number (copy of license required)					

*You Need Not Furnish Alimony, Child Support or Maintenance Income if you do not want us to consider it in evaluating your application

CO-APPLICANT OR SPOUSE

Last Name		First	Middle	Social Security Number	
Date of Birth	Phone Number	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other		Monthly Payment	
Current Address			City	State	Zip
Mailing Address(if different from above)			City	State	Zip
Previous Address			City	State	Zip
Employer		Position/Occupation		How Long?	
Monthly Gross Income	Work Phone	Source of Additional Income*		Amount per Month?	
Nearest Relative (not living with you)		Home Phone		Relationship	
Driver's License Number (copy of license required)					

*You Need Not Furnish Alimony, Child Support or Maintenance Income if you do not want us to consider it in evaluating your application

CREDIT INFORMATION

Attach Additional Sheet if Necessary

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

Name of Creditor	Account Number	Balance	Monthly Payment
1. Automobile			
2. Home Mortgage			
3. Bank Credit Card			
4. Other			

USA PATRIOT ACT -Important information about opening a New Account. 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 this means for you: When you open an account we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your drivers license or other identifying documents.

TERMS AND AGREEMENTS ON REVERSE

CREDIT DISCLOSURES

Annual Percentage Rate (APR)	VISA Classic 12.20% VISA Gold 9.20%
Variable-rate Information	The annual percentage rate may vary. The rate is determined by adding 6.9% (VISA classic) or 3.9% (VISA Gold) to the highest Prime Rate as published in Money Tables of the Wall Street Journal. The Variable rate may be adjusted quarterly
Grace Period	25 days for repayment of balances for purchases
Method of computing the balance	For purchases: Average daily balance (excluding new purchases)
Annual Fee	NONE
Late Payment Fee	If you do not pay the Minimum Payment Due on or before the 5th day after payment due date, you will pay a late fee of up to \$25.00 during any one billing cycle
Cash Advance Fee	3% of the amount advanced. Minimum fee \$5.00
Minimum Payment Due	The minimum payment due each month will be 3% of the total card balance or \$25.00 , whichever is greater
Return Check Fee	Up to \$25.00 during any one billing cycle
Balance Transfer Fees	No balance transfer fees apply

At the date this application was printed (shown in the lower right hand corner-reverse side) the information listed above was accurate. Because rates and terms are subject to change, you may contact us for the current information by writing to: 200 Forks of the River Pkwy. Sevierville TN 37862

A 1% International Transaction Fee will be assessed on all transactions where the merchant country differs from the country of the card issuer.

The conversion fee will be shown as a separate transaction on your billing statement. This fee will be assessed on all international purchases whether made in person or by phone or internet.

SIGNATURE (S)

PLEASE READ THE FOLLOWING CAREFULLY 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

TRANSFER OF BALANCE REQUEST

Upon approval, I wish to transfer my present balance on the credit card account(s) listed below to my new credit card account

Card Account No. _____ Card Account No. _____

Signature _____

FOR INTERNAL USE ONLY

Visa Card No. _____

Approved by _____

Credit Line _____

Date _____

