



Mailing Address P.O. Box 923071 • Sylmar, California 91392
 14445 Olive View Drive, #P • Sylmar, California 91342
 (818) 367-1057 • Fax (818) 362-3467 • www.oliveviewfcu.com

Annual percentage rate for Purchase 14.90%		Annual Fees	None
Variable rate information	Your annual percentage rate does not vary.	Minimum Finance Charge	There is no Minimum finance charge.
Grace Period for Repayment of Balances for Purchases	You have 25 days from the end of the statement period to repay your balance for purchases before a finance charge on purchases will be imposed.	Transaction Fee for Purchase	There are no transaction fees for purchases.
Method of Computing the Balance for Purchases	Average daily balance method (including current transactions).	Transaction fee for cash advances and fees for paying late or exceeding the credit limit	Transaction fee for cash advances: None. Late payment fee: \$10.00 Over-the-credit-limit fee: \$10.00

The information about the cost of the credit card described in this Application and the above Disclosure is accurate as of 05/01/09. This information may have changed after that date. To find out what may have changed call us at (818) 367-1057 or write to us at P.O. Box 923071, Sylmar, California 91392.

To apply for your VISA Card, please complete, sign and return this application. Please print clearly in ink. Please submit recent paystub.

APPLICANT'S FIRST NAME	MID. INIT.	LAST NAME	HOME PHONE ()	CELL PHONE ()	DOB
APPLICANT'S STREET ADDRESS			<input type="checkbox"/> OWN <input type="checkbox"/> RENT	MO. PMT. \$	CHECK ONE: If you reside in or are relying on property in a community property state or if you are applying for other than individual unsecured credit. <input type="checkbox"/> MARRIED <input type="checkbox"/> UNMARRIED <input type="checkbox"/> SEPARATED
CITY			STATE	ZIP CODE	HOW LONG? YRS. MOS.
PREVIOUS ADDRESS			CITY	STATE	ZIP CODE
EMPLOYER			POSITION OR TITLE	WORK PHONE ()	MONTHLY GROSS SALARY / WAGES \$
EMPLOYER STREET ADDRESS			CITY	STATE	ZIP CODE
OTHER INCOME: IF LISTED, VERIFICATION MAY BE REQUESTED.			SOURCE OF OTHER INCOME		MONTHLY AMOUNT \$
FAMILY REFERENCE: (NAME / RELATIONSHIP)		ADDRESS	CITY	STATE	ZIP CODE
				HOME PHONE ()	CELL PHONE ()
IF YOU WISH TO APPLY FOR A JOINT ACCOUNT WITH A MEMBER OF YOUR FAMILY OR HOUSEHOLD, PLEASE COMPLETE THE FOLLOWING: COMPLETE THIS SECTION IF (1) THIS IS TO BE A JOINT ACCOUNT WITH YOUR SPOUSE, (2) YOUR SPOUSE WILL USE THIS ACCOUNT, (3) YOU LIVE IN A COMMUNITY PROPERTY STATE (ARIZONA, CALIFORNIA, IDAHO, LOUISIANA, NEW MEXICO, NEVADA, TEXAS, WASHINGTON AND WISCONSIN) OR (4) YOU ARE RELYING ON YOUR SPOUSE'S INCOME IN APPLYING FOR THIS ACCOUNT. THIS SECTION MUST ALSO BE COMPLETED ABOUT YOUR CO-APPLICANT IF THIS IS FOR A JOINT ACCOUNT WITH SOMEONE OTHER THAN YOUR SPOUSE.					
FIRST NAME	MID. INIT.	LAST NAME	RELATIONSHIP	DATE OF BIRTH	
EMPLOYER	POSITION OR TITLE		WORK PHONE ()	CELL PHONE ()	MONTHLY GROSS SALARY / WAGES \$
EMPLOYER STREET ADDRESS		CITY	STATE	ZIP CODE	HOW LONG EMPLOYED? YRS. MOS.
I hereby apply for a VISA Credit Card, on the basis of the foregoing information. I certify that all the information furnished above is complete and correct. You may verify any of this information. I understand that from time to time, you may receive information from others and you will answer questions from others seeking the credit history of my account. The original or copy of this application will be retained by the lender, even if the loan is not granted. I promise to repay all sums advanced on my VISA Card, according to the terms and conditions of the VISA Card Agreement and disclosure Statement. My use of the card will certify my agreement to those terms. I agree to changes in the terms and conditions if I continue to use the account 15 days after you give notice of the change.					
X _____ Applicant's Signature			Date	X _____ Signature of Joint Applicant, if permitted to use the account	
			Date		