

CREDIT APPLICATION

Check Card Choice: MasterCard Visa* Check Account Choice: Individual Account Joint Account Credit Limit Increase
(Signature required for joint applicant)

Credit Limit Requested \$ _____

IMPORTANT INFORMATION ABOUT PROCEDURES FOR 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 driver's license or other identifying documents.

APPLICANT

Note: All applicable sections should be filled out completely to avoid delay in processing your application.

Last Name		First	Middle	Social Security Number	
Date of Birth	No. of Dependents	Home Phone ()	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other	Monthly Payment \$	
Current Address		City	State	Zip Code	How Long (yrs)
Mailing Address (if different from above)		City	State	Zip Code	How Long (yrs)
Previous Address (if less than 2 years at present address)		City	State	Zip Code	How Long (yrs)
Employer	Self Employed <input type="checkbox"/> Yes <input type="checkbox"/> No		Work Phone ()	Date Employed	
Address		Position / Occupation			Monthly Gross Income \$
Name and Address of Previous Employer (if less than 2 years at present employer)					How Long (yrs)
Source of Additional Income: income from alimony, child support or separate maintenance need not be revealed if it is not to be considered in determining creditworthiness.					Amount per Month \$
Nearest Relative (Not Living With You)			Home Phone	Relationship	
Their Address		City	State	Zip Code	

CO - APPLICANT

Information about a co-applicant is not required for an individual account.

Last Name		First	Middle	Social Security Number	
Date of Birth	No. of Dependents	Home Phone ()	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other	Monthly Payment \$	
Current Address		City	State	Zip Code	How Long (yrs)
Previous Address (if less than 2 years at present address)		City	State	Zip Code	How Long (yrs)
Employer	Self Employed <input type="checkbox"/> Yes <input type="checkbox"/> No		Work Phone ()	Date Employed	
Address		Position / Occupation			Monthly Gross Income \$

CREDIT INFORMATION

Attach Additional Sheet If Necessary.

Name and Address of Creditor	Name Under Which Account Is Carried	Account Number	Balance	Monthly Payment
1. Home Mortgage/Rent			\$	\$
2. Bank Credit Card /Bank Name and Address			\$	\$

CREDIT DISCLOSURES

Annual Percentage Rate (APR) for Purchases	13.92%
Other APR's	Cash Advance APR: 13.92% Balance Transfer APR: 13.92%
Grace Period for repayment of balances for purchases	25 Days
Method of computing the balance for purchases	Average Daily Balance (including new purchases)
Annual Fees	None
Minimum Finance Charge	None
Transaction Fee for Cash Advances	None
Balance Transfer Fee	None
Late Payment Fee	\$15.00
Return Payment Fee	None
Over-the-Credit-Limit Fee	\$5.00

The information about the costs of the card described in this application is accurate as of April 2006. This information may have changed after that date. To find out what may have changed, write us at P.O. Box 340, Poteau, OK 74953.

CHARGEARD INSURANCE PROTECTION REQUEST

By electing optional Chargegard insurance, I acknowledge that Chargegard includes credit life, disability, involuntary unemployment, and leave of absence to the extent available in my state as described in the Summary of Insurance. I read and I meet the age eligibility requirements shown in the Summary of Insurance.* Monthly premium charges are based on the account balance and the rate shown. I may cancel anytime. * Please see the Summary of Insurance on the back.

Yes, please enroll me in Chargegard credit insurance.

X _____
 Signature Date of Birth Date N1991-0299 NonStd ID #19

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 cardholder 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.

X _____ **X** _____
 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.

Credit Card Account Number _____ Amount to be transferred \$ _____
 Signature _____

FOR INTERNAL USE ONLY

MasterCard Account No.			Visa Account No.		
DATE APPROVED	CREDIT LINE	APPROVED BY	DATE APPROVED	CREDIT LINE	APPROVED BY