



VISA Credit Card Application

Metro Credit Union - Omaha, Nebraska



Card applying for: Metro Preferred Visa Metro Platinum Visa Metro Classic Visa

Applicants not qualifying for the card originally requested, may qualify for one of Metro's other cards.

Credit Limit Requested: \$ Metro CU Account # Individual Application:
 Joint Application:

APPLICANT

Last Name	First Name	Middle Initial	Social Security Number
Current Address	City	State	Zip Code
Own/Rent	Monthly Mortgage/Rent \$	Home Phone	Work Phone
Employer	Position	Years There	Monthly Gross Income \$
Birth date	Resident Status (check one) <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Perm-Res. Alien	Additional Income: \$ <input type="text"/>	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 debts.

CO-APPLICANT

Last Name	First Name	Middle Initial	Social Security Number
Current Address	City	State	Zip Code
Own/Rent	Monthly Mortgage/Rent \$	Home Phone	Work Phone
Employer	Position	Years There	Monthly Gross Income \$
Birth date	Resident Status (check one) <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Perm-Res. Alien	Additional Income: \$ <input type="text"/>	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 debts.

Authorized Signer

Name:	Social Security Number:
Address	Date of Birth:

PLEASE READ THE FOLLOWING BEFORE SIGNING: This statement is being 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 card holder 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.

 Applicant Signature Date Co-Applicant Signature Date

MCUform505P 03/18

For office use only.

VISA card type: Visa Classic <input type="checkbox"/> Visa Platinum <input type="checkbox"/> Visa Preferred <input type="checkbox"/>	Credit Limit: \$ <input type="text"/>	APR: <input type="text"/> %
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Metro Credit Union P. O. Box 390696 Omaha, NE 68139 402.551.3052 800.301.8549

The above information is accurate as of 3-1-2018. This information may have changed after that date. To find out what may have changed write us at: Metro Credit Union 14509 F St. Omaha, NE 68137