

# VISA® CARD APPLICATION

Type of Card\*: VISA®

\*Subject to credit review and approval

SCANNED/FAXED (Bank Use Only)



## PRIMARY APPLICANT

First	Middle Initial	Last Name
Physical Address		Apt. #
City	State	Zip
Social Security Number		
Date of Birth		
Phone Number†	Alternate Phone Number†	

## ABOUT YOURSELF

Mailing Address (if different than above)

City	State	Zip
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Years at Current Address

Do you:    OWN    RENT    OTHER

Your Email Address

Create a Security Password (Required for Security Reasons)

## EMPLOYMENT

Company Name (Name of employer)

Occupation/Position/Title	Years There
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If Self Employed-Describe Service

Monthly Salary	Employer's Phone Number†
\$	
Source of Other Income*	Monthly Amount
	\$

## CO-APPLICANT (COMPLETE FOR JOINT ACCOUNT)

First	Middle Initial	Last Name
<hr/>		
Social Security Number		
<hr/>		
Date of Birth		
<hr/>		
Company Name/Occupation		Years There
<hr/>		<hr/>
Monthly Salary	Employer's Phone Number <sup>†</sup>	
\$	<hr/>	
Source of Other Income*	Monthly Amount	
	\$	
<hr/>		
Relationship to Applicant		
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\*OTHER INCOME – Alimony, child support or separate maintenance do not have to be disclosed unless you wish to have them considered as part of your income.

<sup>†</sup> If you have entered a cell phone number, or another number that you later convert to a cell phone number, you agree that we may contact you at this number. You also agree to receive calls and messages, such as pre-recorded messages, calls and messages from automated dialing systems, or text messages. Normal cell phone charges may apply.

## DATED SIGNATURES (REQUIRED)

I've answered the questions in this application fully and truthfully, and all information provided is correct. I authorize you to obtain information to check my credit records and statements made in the application. Please mail all cards, credit agreements (if any), monthly billing statements and all correspondence to the mailing address listed in the Primary Applicant information. I promise not to use the account until I have received and read a copy of the agreement, as amended from time to time, governing its use and have agreed to its terms. If opened, your account will be issued by Arvest Bank, Fayetteville, Arkansas, through its processing subsidiary, Security BankCard Center, Inc. If this application is for a joint account, I understand that each person who signs this application will be liable for the full amount of credit advanced. All applications are subject to credit review and approval. If not approved for a VISA Gold Card or VISA Platinum Card, this application will automatically be reviewed for issuance of a Classic VISA Card. Based on your review, I understand that you may be unable to open an account for me. In addition, I understand that if I do not meet the credit criteria for this offer, I may receive information for a secured card product, which requires a deposit equal to the credit line. 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. IMPORTANT: IF THIS IS A JOINT ACCOUNT, APPLICANT AND CO-APPLICANT MUST SIGN THE APPLICATION IN ORDER FOR EACH TO BE ISSUED A CARD. BEFORE YOU SIGN AND SUBMIT THIS APPLICATION, PLEASE SEE THE ADJACENT DISCLOSURES FOR APPLICABLE RATE, FEE AND OTHER COST INFORMATION. MUST BE AT LEAST 18 YEARS OLD AND A U.S. RESIDENT TO APPLY.

IF APPLYING FOR A JOINT ACCOUNT, BOTH SHOULD INITIAL HERE TO VERIFY JOINT INTENT:  APPLICANT  CO-APPLICANT

▼ SIGN HERE

▼ SIGN HERE

Authorized Signature(s) (Dated Signature(s) Required). (No e-signature(s). Please print and sign.)

Applicant Signature

Date

Co-Applicant Signature

Date

The information about the costs of the cards described in this application is accurate as of July 1, 2018. This information may have changed after that date.

To find out what may have changed, call us at 1-800-356-8085 or write to us at P.O. Box 6139 Norman, OK 73070 or go to [www.securitybankcard.com](http://www.securitybankcard.com).

## INTEREST RATES AND INTEREST CHARGES

Annual Percentage Rate (APR) for Purchases, Balance Transfers and Cash Advances	<b>4.9%</b> Introductory APR for 6 months. After that, your APR will be <b>21%</b> for Classic VISA accounts; <b>17.15%</b> for VISA Gold accounts; or <b>14.15%</b> for Visa Platinum accounts based on your creditworthiness. This APR will vary with the market based on the Prime Rate.
Penalty APR and When It Applies	None
Paying Interest	Your due date is at least 25 days after the close of each billing cycle. We will not charge you any interest on purchases if you pay your entire balance by the due date each month. We will begin charging interest on cash advances and balance transfers on the transaction date.
Minimum Interest Charge	None
For Credit Card Tips from the Consumer Financial Protection Bureau	To learn more about factors to consider when applying for or using a credit card, visit the website of the Consumer Financial Protection Bureau at <a href="http://www.consumerfinance.gov/learnmore">www.consumerfinance.gov/learnmore</a> .

## FEES

Annual Fees	None
Transaction Fees: • Balance Transfer • Cash Advance • Foreign Transaction	None Either \$4 or 4% of the amount of each cash advance, whichever is greater. 1% of each transaction in U.S. dollars.
Penalty Fees: • Late Payment: • Over the Credit Limit: • Returned Payment:	\$20 \$25 \$25

**How We Will Calculate Your Balance:** We use a method called "average daily balance (including new purchases)." See your account agreement for more details.

**Billing Rights:** Information on your rights to dispute transactions and how to exercise those rights is provided in your account agreement.

## CREDIT CARD USE ONLY

## BANK USE ONLY

App. by	Date	Account #		Employee Name	Bank Stamp
No. Cards	Cr Limit	DTI	SCR	Employee ID#	