

MASTERCARD CREDIT APPLICATION

7181 Seneca Street, East Aurora, NY 14052
 (716) 655-2360 - Fax: (716) 655-1675

MEMBER NUMBER	DATE
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Applicant Information PRINT OR TYPE ALL INFORMATION

1. If You live in a community property state, are You:

Married Separated Unmarried (Includes Single, Divorced and Widowed)

2. Married applicants can apply for individual credit. Indicate if You would like:

Individual Credit Joint Credit with Your Spouse/Co-Applicant

Spouse/Co-Applicant Information

3. Complete Spouse/Co-Applicant Information only if:

a. This is for joint credit with Your Spouse or other Co-Applicant;
 b. Your Spouse will use Your Account;
 c. You are relying on Your Spouse's income as a source of repayment for the credit requested; or
 d. You live in a community property state: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, Wisconsin (or Puerto Rico).

4. **Definitions:**
 Whenever used in this application, the words "You" and "Your" refer to the Applicant(s) or Spouse/Co-Applicant and the words "We," "Us," and "Our" refer to the Lender.

Credit Limit Desired \$ _____ (Maximum \$20,000.00 – based on creditworthiness and income)

New Credit Limit Increase

Please refer to the Important Credit Card Disclosures located on Page 3.

APPLICANT/CO-SIGNER/GUARANTOR

FIRST NAME	INITIAL	LAST NAME
SOCIAL SECURITY NUMBER		BIRTHDATE
CURRENT STREET ADDRESS	APT. NO.	YEARS THERE
CITY	STATE	ZIP
EMAIL ADDRESS		
FORMER ADDRESS (COMPLETE IF PREVIOUS ADDRESS IS LESS THAN 2 YEARS)		YEARS THERE
HOME PHONE	CELL PHONE	SECONDARY PHONE
DO YOU: <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> OTHER	MOTHER'S MAIDEN NAME	NO. OF DEP. AGES OF DEPENDENTS
NAME, ADDRESS AND TELEPHONE OF NEAREST FRIEND/RELATIVE NOT LIVING WITH YOU		
NAME, ADDRESS AND TELEPHONE OF OTHER NEARBY FRIEND/RELATIVE NOT LIVING WITH YOU		

SPOUSE/CO-APPLICANT

FIRST NAME	INITIAL	LAST NAME
SOCIAL SECURITY NUMBER		BIRTHDATE
CURRENT STREET ADDRESS	APT. NO.	YEARS THERE
CITY	STATE	ZIP
EMAIL ADDRESS		
FORMER ADDRESS (COMPLETE IF PREVIOUS ADDRESS IS LESS THAN 2 YEARS)		YEARS THERE
HOME PHONE	CELL PHONE	SECONDARY PHONE
DO YOU: <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> OTHER	MOTHER'S MAIDEN NAME	NO. OF DEP. AGES OF DEPENDENTS
NAME, ADDRESS AND TELEPHONE OF NEAREST FRIEND/RELATIVE NOT LIVING WITH YOU		
NAME, ADDRESS AND TELEPHONE OF OTHER NEARBY FRIEND/RELATIVE NOT LIVING WITH YOU		

EMPLOYMENT AND INCOME If self-employed, attach financial statement or income tax returns.

CURRENT EMPLOYER (INCLUDE EMPLOYEE I.D. IF APPLICABLE)	EMPLOYMENT DATE	
ADDRESS/CITY/STATE/ZIP	SUPERVISOR'S NAME	
WORK TELEPHONE	POSITION	MO. GROSS INCOME
FORMER EMPLOYER	POSITION	YEARS THERE

CURRENT EMPLOYER (INCLUDE EMPLOYEE I.D. IF APPLICABLE)	EMPLOYMENT DATE	
ADDRESS/CITY/STATE/ZIP	SUPERVISOR'S NAME	
WORK TELEPHONE	POSITION	MO. GROSS INCOME
FORMER EMPLOYER	POSITION	YEARS THERE

OTHER INCOME You need not list income from alimony, child support or separate maintenance payments unless You want it considered in evaluating this credit application.

TYPE OF OTHER INCOME	MONTHLY AMOUNT
NAME AND ADDRESS OF PAYER	

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NAME AND ADDRESS OF PAYER	

ASSETS AND DEPOSITS Attach a separate sheet if necessary.

DESCRIPTION	ACCOUNT NUMBER/TYPE	BALANCE/VALUE

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CREDIT INFORMATION Please list all open accounts with or without a balance. Attach separate sheet if necessary.

A Applicant/Co Signer/Guarantor C Spouse/Co Applicant
D=Debts to be paid off if loan is granted.

PLEASE CHECK			LENDER (OR OTHER) NAME & ADDRESS LIST ALL OBLIGATIONS INCLUDING CREDIT UNION LOANS	ACCOUNT NUMBER	INTEREST RATE	ORIGINAL AMOUNT	BALANCE	MONTHLY PAYMENT
A	C	D						
Please answer the following questions. If a yes answer is given, explain on attached sheet.				A YES NO		C YES NO		TOTALS
1. Have You filed a petition for bankruptcy in the last 10 years?				Please Check: A=Applicant/Co-Signer/Guarantor C=Co-Applicant		YES NO YES NO		
2. Have You ever had any auto, furniture or property repossessed?				6. Have You any Obligations not listed?		YES NO YES NO		
3. Are You a co-maker or co-signer on any loan? For Whom _____ Amount \$ _____				7. Do You have any past due bills?		YES NO YES NO		
4. Have You ever had credit in any other name? What name _____				8. Is any income You have listed likely to reduce in the next 2 years?		YES NO YES NO		
5. Have You any suits pending, judgments filed, alimony or support awards against You?				9. Indicate immigration status: Applicant <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent U.S. Resident <input type="checkbox"/> Other _____ Co-Applicant <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent U.S. Resident <input type="checkbox"/> Other _____		YES NO YES NO		

OPTIONAL CREDIT INSURANCE An appropriate application/disclosure will be furnished at the time Your credit is approved.

PLEASE CHECK ONE OF THE BOXES BELOW.

You are interested in Credit Insurance

You are not interested in Credit Insurance

SIGNATURES

You warrant the truth of the above information and You realize that it will be relied upon by Us in deciding whether or not to grant the credit applied for. You hereby authorize Us, Our employees and agents to investigate and verify any information provided to Us by You. You agree and understand that if approved, You are contractually liable according to the applicable terms of the Credit Card Account Agreement and Disclosure. You acknowledge receiving a copy of that Agreement prior to the time of Your first advance, and You promise to pay all amounts charged to Your Account according to its terms. If this is a joint application, You agree that such liability is joint and several. You authorize Us to accept Your facsimile signatures on this application and agree that Your facsimile signature will have the same legal force and effect as Your original signature. You assume any risk that may be associated with permitting Us to accept Your facsimile signature. **If You are issued a Credit Card, by signing below, You grant and consent to a lien on Your shares with Us (except those deposits established under a governmental approved tax deferral plan such as IRA and Keogh accounts) and any dividends due or to become due to You from Us to the extent You owe on any unpaid Credit Card balance.**

You hereby acknowledge Your intent to apply for joint credit _____
Applicant's Initials Co-Applicant's Initials

 X _____ X _____
Signature of Applicant/Co-Signer/Guarantor Date Signature of Spouse/Co-Applicant Date

LOAN OFFICER			
LOAN APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO			
SPECIFIC REASON(S) FOR REJECTION/APPROVAL			
APPROVING LOAN OFFICER SIGNATURE		DATE	CREDIT LIMIT \$ _____ OTHER APPROVED CREDIT LIMIT \$ _____
CARD NUMBER	EMPLOYEE INITIALS	DATE	
<input type="checkbox"/> ECOA NOTICE AND REASON FOR REJECTION OR UNACCEPTED COUNTER OFFER SENT OR DELIVERED ON _____ (DATE) BY _____			

IMPORTANT CREDIT CARD DISCLOSURES. The following disclosure represents important details concerning Your Credit Card. The information about costs of the Card are accurate as of the effective date of July 1, 2016. You can call Us at (800) 359-6664 or write Us at MOOG Employees Federal Credit Union, 7181 Seneca Street, East Aurora, NY 14052-0018 to inquire if any changes have occurred since the effective date.

Interest Rate and Interest Charges

Annual Percentage Rate (APR) For Purchases	MasterCard Platinum: 4.99%, 6.99%, 8.99% or 13.99% based on Your creditworthiness.
APR For Balance Transfers	MasterCard Platinum: 4.99%, 6.99%, 8.99% or 13.99% based on Your creditworthiness.
APR For Cash Advances	MasterCard Platinum: 10.99%, 12.99%, 14.99% or 17.99% based on Your creditworthiness.
How to Avoid Paying Interest on Purchases	Your due date is at least 25 days after the close of each billing cycle. We will not charge You interest on purchases if You pay Your entire balance owed by the due date each month.
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 http://www.consumerfinance.gov/learnmore.

Fees

Transaction Fees	
<ul style="list-style-type: none"> • Balance Transfer • Foreign Transaction 	<p>3.00% of the amount of each transfer (minimum: \$25.00)</p> <p>1.00% of each foreign currency transaction in U.S. Dollars.</p> <p>1.00% of each U.S. Dollar transaction that occurs in a foreign country.</p>
Penalty Fees	
<ul style="list-style-type: none"> • Late Payment • Returned Payment 	<p>Up to \$35.00</p> <p>Up to \$35.00</p>

How We Will Calculate Your Balance: We use a method called "average daily balance (including new purchases)."