



D.C. Teachers Federal Credit Union  
 First Floor, Edmonds School Building  
 903 D Street N.E.  
 P.O. Box 48009  
 Washington, D.C. 20002-6127  
 (202) 547-4800

# CREDIT LINE ACCOUNT AND PERSONAL LOAN APPLICATION

ACCOUNT NUMBER-APPLICANT	ACCOUNT NUMBER-CO-APPLICANT	LOAN NUMBER	DATE
--------------------------	-----------------------------	-------------	------

### Applicant/Co-Applicant (or Spouse) Information

**1. Method of Payment:**

- Payroll Deduction     Automatic Share Transfer     Cash  
 Bi-Weekly     Monthly     Semi-Monthly

**2. Definitions**

Whenever used in this application, the words "You" and "Your" refer to the applicant(s), and the words "We", "Us", and "Our" refer to the Lender.

**3. Complete Spouse/Co-Applicant information only if any of the following apply:**

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

**Open-End Features Applied For:**

- Quick Silver Line of Credit    Limit Desired \$ \_\_\_\_\_  
 VISA No. of Cards \_\_\_\_\_    Limit Desired \$ \_\_\_\_\_  
 Overdraft on Account No. \_\_\_\_\_  
 Other \_\_\_\_\_

**Closed-End Loans Applied For:**

- Secured     Unsecured    Number of Months \_\_\_\_\_  
 \$ \_\_\_\_\_    \$ \_\_\_\_\_  
 Purpose \_\_\_\_\_  
 Collateral Offered \_\_\_\_\_  
 Collateral Owned By \_\_\_\_\_

**Refer to the Important VISA Credit Card Disclosures located on page 3 for rate, fee and cost information.**

### APPLICANT

FIRST NAME		INITIAL	LAST NAME	
SOCIAL SECURITY NUMBER		DRIVER'S LICENSE NUMBER		BIRTH DATE
CURRENT STREET ADDRESS			APT. NO	SINCE
CITY			STATE	ZIP
RENT	CELLULAR TELEPHONE NUMBER	FORMER STREET ADDRESS		
OWN				
CITY			STATE	ZIP
HOME TELEPHONE NUMBER	E-MAIL ADDRESS		NO. OF DEP.	AGE OF DEPENDENTS

### SPOUSE/CO-APPLICANT (See Information Above)

FIRST NAME		INITIAL	LAST NAME	
SOCIAL SECURITY NUMBER		DRIVER'S LICENSE NUMBER		BIRTH DATE
CURRENT STREET ADDRESS			APT. NO	SINCE
CITY			STATE	ZIP
RENT	CELLULAR TELEPHONE NUMBER	FORMER STREET ADDRESS		
OWN				
CITY			STATE	ZIP
HOME TELEPHONE NUMBER	E-MAIL ADDRESS		NO. OF DEP.	AGE OF DEPENDENTS

**EMPLOYMENT AND INCOME** Two most current paystubs or if self-employed, attach financial statement and/or income tax return.

CURRENT EMPLOYER				DATE HIRED
ADDRESS				
CITY	STATE	ZIP	TELEPHONE NUMBER	
POSITION			MO. GROSS SALARY	
			\$	
FORMER EMPLOYER — NAME/ADDRESS/TELEPHONE				YRS.

CURRENT EMPLOYER				DATE HIRED
ADDRESS				
CITY	STATE	ZIP	TELEPHONE NUMBER	
POSITION			MO. GROSS SALARY	
			\$	
FORMER EMPLOYER — NAME/ADDRESS/TELEPHONE				YRS.

**OTHER INCOME** You need not list income from alimony, child support or separate maintenance unless You wish it considered for purposes of granting this credit.

TYPE OF OTHER INCOME	MONTHLY AMT.	TOTAL MO. INCOME
	\$	\$
NAME/ADDRESS/TELEPHONE OF PAYER		

TYPE OF OTHER INCOME	MONTHLY AMT.	TOTAL MO. INCOME
	\$	\$
NAME/ADDRESS/TELEPHONE OF PAYER		

### PERSONAL REFERENCES

NAME OF NEAREST RELATIVE NOT LIVING WITH YOU		RELATIONSHIP
ADDRESS		TELEPHONE
PERSONAL REFERENCE — NAME		YEARS KNOWN
ADDRESS		TELEPHONE

**ASSETS AND DEPOSITS** LIST ALL ASSETS — ATTACH SEPARATE SHEET IF NECESSARY      **A** – APPLICANT      **C** – SPOUSE/CO-APPLICANT

CHECK	TYPE	DEPOSITORY (OR OTHER) NAME & ADDRESS	ACCOUNT NUMBER	APPROXIMATE BALANCE		
A	C					
	CHECKING					
	SAVINGS					
	OTHER					
DESCRIPTION OF ASSETS		VALUE	PLEGDED AS COLLATERAL	DESCRIPTION OF ASSETS	VALUE	PLEGDED AS COLLATERAL
CAR 1		\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	CAR 2	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
PROPERTY		\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	PROPERTY	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
OTHER ASSETS		\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	OTHER ASSETS	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO



**Important VISA Credit Card Disclosure.** The following disclosure represents important details concerning Your Credit Card. The information about costs of the Card are accurate as of February 24, 2009. You can call Us at (202) 547-4800 or write Us at P.O. Box 48009, Washington, D.C. 20002-0009 to inquire if any changes have occurred since the effective date.

<b>Interest Rate and Interest Charges</b>	
<b>Annual Percentage Rate (APR) for Purchases</b>	VISA Classic: <b>13.50%</b> VISA Secured: <b>11.00%</b>
<b>Annual Percentage Rate (APR) for Balance Transfers</b>	VISA Classic: <b>13.50%</b> VISA Secured: <b>11.00%</b>
<b>Annual Percentage Rate (APR) for Cash Advances</b>	VISA Classic: <b>13.50%</b> VISA Secured: <b>11.00%</b>
<b>Paying Interest</b>	We will not charge You interest on purchases if You pay Your entire balance owed each month within 25 days of Your statement closing date. We will begin charging interest on cash advances and balance transfers on the transaction date.
<b>For Credit Card Tips from the Federal Reserve Board</b>	To learn more about factors to consider when applying for or using a Credit Card, visit the website of the Federal Reserve Board at <a href="http://www.federalreserve.gov/creditcard">http://www.federalreserve.gov/creditcard</a> .

<b>Fees</b>	
<b>Annual Fee</b>	<b>\$15.00</b>
<b>Penalty Fees</b>	
• Returned Payment	<b>\$30.00</b>
• Late Payment	<b>\$30.00</b> , after 15 days

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