



STAR Financial Credit Union
 10429 Leopard St.
 Corpus Christi, TX 78410
 (361) 242-STAR
 FAX (361) 241-6378

CREDIT LINE ACCOUNT AND PERSONAL LOAN APPLICATION

ACCOUNT NUMBER - APPLICANT	ACCOUNT NUMBER - CO-APPLICANT	DATE
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Applicant Information

PRINT OR TYPE ALL INFORMATION

- If You live in a community property state, are You:**
 Married Separated Unmarried (Includes Single, Divorced and Widowed)
- Married applicants can apply for individual credit.** Indicate if You would like:
 Individual Credit Joint Credit with Your Spouse Joint Credit with a Guarantor or another Applicant
- Method of Payment:**
 Payroll Deduction Automatic Share Transfer Cash Payment
- Frequency of Payment:**
 Weekly Bi-Weekly Semi-Monthly Monthly

Spouse/Co-Applicant Information

- 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 requested.
 d. You live in a community property state: Arizona, California, Idaho, Louisiana, New Mexico, Nevada, Texas, Washington, Wisconsin (or Puerto Rico).
- 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.

Open-End Credit Applied For:

- Signature Line of Credit - Limit Desired \$ _____
- _____ - Limit Desired \$ _____
- _____ - Limit Desired \$ _____
- _____ - Limit Desired \$ _____
- Other _____

Closed-End Credit Applied For:

- Type: New Auto Used Auto Signature
- Other (specify) _____
- Amount Requested \$ _____ Length of Repayment Mos. _____
- Purpose _____
- Collateral Offered _____

There are costs associated with the use of any Credit Card issued to You by Us. You may request specific information about these costs by contacting Us by telephone at (877) 827-9196 or by writing Us at 10429 Leopard St., Corpus Christi, TX 78410.

APPLICANT GUARANTOR CO-SIGNER

SPOUSE/CO-APPLICANT

FIRST NAME	INITIAL	LAST NAME
MOTHER'S MAIDEN NAME		DRIVERS LICENSE NUMBER/ST
SOCIAL SECURITY NUMBER		BIRTHDATE
CURRENT STREET ADDRESS	APT. NO.	SINCE
CITY	STATE	ZIP
COUNTY	TOWNSHIP	
FORMER ADDRESS (COMPLETE IF PREVIOUS ADDRESS IS LESS THAN 3 YEARS)		SINCE
DO YOU: <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> PAY BOARD	HOME TELEPHONE	NO. OF DEPENDENTS
AGES OF DEPENDENTS		
NAME, ADDRESS AND TELEPHONE OF NEAREST RELATIVE NOT LIVING WITH YOU		

FIRST NAME	INITIAL	LAST NAME
MOTHER'S MAIDEN NAME		DRIVERS LICENSE NUMBER/ST
SOCIAL SECURITY NUMBER		BIRTHDATE
CURRENT STREET ADDRESS	APT. NO.	SINCE
CITY	STATE	ZIP
COUNTY	TOWNSHIP	
FORMER ADDRESS (COMPLETE IF PREVIOUS ADDRESS IS LESS THAN 3 YEARS)		SINCE
DO YOU: <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> PAY BOARD	HOME TELEPHONE	NO. OF DEPENDENTS
AGES OF DEPENDENTS		
NAME, ADDRESS AND TELEPHONE OF NEAREST RELATIVE NOT LIVING WITH YOU		

EMPLOYMENT AND INCOME

If self-employed or retired, attach financial statement or income tax returns.

CURRENT EMPLOYER (INCLUDE EMPLOYEE I.D. IF APPLICABLE)		EMPLOYMENT DATE
ADDRESS/CITY/STATE/ZIP		
WORK TELEPHONE	POSITION	MONTHLY GROSS INCOME
		\$
FORMER EMPLOYER	POSITION	SINCE

CURRENT EMPLOYER (INCLUDE EMPLOYEE I.D. IF APPLICABLE)		EMPLOYMENT DATE
ADDRESS/CITY/STATE/ZIP		
WORK TELEPHONE	POSITION	MONTHLY GROSS INCOME
		\$
FORMER EMPLOYER	POSITION	SINCE

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	

TYPE OF OTHER INCOME	MONTHLY AMOUNT
	\$
NAME AND ADDRESS OF PAYER	

ASSETS AND DEPOSITS

Attach a separate sheet if necessary.

TYPE	BANK (OR OTHER) NAME AND ADDRESS	ACCOUNT NUMBER	INTEREST RATE	APPROX. BALANCE
CAR 1 - YR. - MAKE - MODEL	BALANCE OWED			
	\$			
CAR 2 - YR. - MAKE - MODEL	BALANCE OWED			
	\$			
HOMEOWNERS: PLEASE INDICATE PROPERTY ADDRESS	PURCHASE PRICE	APPROX. VALUE		
	\$	\$		

TYPE	BANK (OR OTHER) NAME AND ADDRESS	ACCOUNT NUMBER	INTEREST RATE	APPROX. BALANCE
CAR 1 - YR. - MAKE - MODEL	BALANCE OWED			
	\$			
CAR 2 - YR. - MAKE - MODEL	BALANCE OWED			
	\$			
HOMEOWNERS: PLEASE INDICATE PROPERTY ADDRESS	PURCHASE PRICE	APPROX. VALUE		
	\$	\$		

CREDIT INFORMATION Please list all open Accounts with or without a balance. Attach separate sheet if necessary. A = Applicant C = Spouse/Co-Applicant

PLEASE CHECK		OBLIGATIONS	LENDERS (OR OTHER) NAME AND ADDRESS. LIST ALL OBLIGATIONS INCLUDING CREDIT UNION LOANS	ACCOUNT NUMBER	INTEREST RATE	ORIGINAL AMOUNT	BALANCE	MONTHLY AMOUNT
A	C							

Please answer the following questions. If a yes answer is given, explain on attached sheet.				A		C		TOTALS		\$	\$
				Yes	No	Yes	No	Please Check: A = Applicant C = Spouse/Co-Applicant		A	C
1. Have You filed a petition for bankruptcy in the last 14 years?										Yes	No
2. Have You ever had any auto, furniture or property repossessed?								6. Have You any obligations not listed?			
3. Are You a co-maker or co-signer on any loan? For Whom _____								7. Do You have any past due bills?			
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?			
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 _____			

OPTIONAL PAYMENT PROTECTION

Credit Life and/or Credit Disability Insurance are not required to obtain credit under this plan and, for Credit Line Accounts, will be included only if requested immediately below by the APPLICANT. The insurance rates for Credit Line Accounts are shown below. For Credit Line Accounts, the insurance charge is calculated each month by multiplying the outstanding balance of the Account on the last day of that month by the rate shown. For Closed-End loans, the total insurance premium will be calculated and disclosed to You separately.

Monthly Premium Rates per \$1000 of Outstanding Balance for Credit Line Accounts - You must CHECK ONE OR MORE of the boxes below.

CREDIT LIFE: Single Coverage - \$ _____ Yes No Joint Coverage - \$ _____ Yes No

CREDIT DISABILITY: Single Coverage - \$ _____ Yes No

Closed-End Loan Applicants - You must CHECK ONE OR MORE of the boxes below.

You are interested in Credit Disability Insurance single coverage joint coverage You are interested in Credit Life Insurance single coverage joint coverage
 You are not interested in Credit Insurance

NOTE: For Closed-End loans, an appropriate disclosure will be furnished if Your credit is approved. If this application is for a Credit Line Account and You are applying for Credit Insurance, You authorize Us to add the required premiums to Your Account, charge a Finance Charge on the premiums at the rate which applies to Your Account, and forward such premiums to the Insurance Company.

APPLICANT SIGNATURE **X** _____

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. If this application is for any Feature Category contained in Our Credit Line Account Program, You agree and understand that if approved, You are contractually liable according to the applicable terms of the Credit Line Account Agreement and Disclosure. You acknowledge receiving a copy of that Agreement and 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 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

APPLICANT/GUARANTOR/CO-SIGNER	SPOUSE/CO-APPLICANT
SIGNATURE _____	SIGNATURE _____
DATE _____	DATE _____

MasterCard Secured Applicants: If Your credit is approved, You grant Us a specific pledge of shares in Your Share Account indicated below and for the amount specified below:

Account Number _____ Amount \$ _____

LOAN OFFICER	LOAN OFFICER OR CRC
LOAN APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> REFERRED TO CC COUNTER OFFER WILL BE MADE. IF ACCEPTED, LOAN APPROVED.	LOAN APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO COUNTER OFFER WILL BE MADE. IF ACCEPTED, LOAN APPROVED.
DESCRIBE COUNTER OFFER: _____	
SPECIFIC REASON(S) FOR REJECTION/APPROVAL: _____	
LOAN OFFICER SIGNATURE _____	DATE _____
CREDIT MANAGER OR OTHER _____	DATE _____
ADDITIONAL INFORMATION: _____	
<input type="checkbox"/> ECOA NOTICE AND REASON FOR REJECTION OR UNACCEPTED COUNTER OFFER SENT OR DELIVERED ON _____ (DATE) BY _____	