



2009 Schotthill Woods Drive
Jefferson City, Missouri 65101
(573) 635-4185 • (866) 649-5015
Fax (573) 635-7661

3608 W. Truman Blvd.
Jefferson City, Missouri 65109
(573) 635-4185 • (866) 649-5015
Fax (573) 893-5596

1105 Grindstone Pkwy., Ste. 107
Columbia, Missouri 65201
(573) 442-1444 • (866) 649-5015
Fax (573) 442-1449

CREDIT CARD ACCOUNT APPLICATION

ACCOUNT NUMBER

Applicant Information

PRINT OR TYPE ALL INFORMATION

1. If You are applying for joint credit with Your Spouse/Co-Applicant, are relying on Your Spouse's income as a source of repayment for the credit requested or if You live in a community property state: (AZ, CA, ID, LA, NM, NV, TX, WA, WI) or Puerto Rico, complete the Spouse/Co-Applicant section and the following:

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

3. Method of Payment:

Payroll Deduction Automatic Share Transfer Cash Payment

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.

Type of Credit Card Applied For:

VISA Classic VISA - Limit Desired \$ _____ Secured VISA - Limit Desired \$ _____
 MEMBERCash VISA - Limit Desired \$ _____ VISA Platinum - Limit Desired \$ _____

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 (866) 649-5051 or by writing Us at 2009 Schotthill Woods Drive, Jefferson City MO 65101.

APPLICANT

FIRST NAME	INITIAL	LAST NAME	JR./SR.
SOCIAL SECURITY NUMBER		DATE OF BIRTH (MM/DD/YY)	
STREET ADDRESS			APT. NO.
CITY	STATE	ZIP	
AREA CODE AND HOME TELEPHONE NUMBER		CELL PHONE NUMBER	
E-MAIL ADDRESS			
<input type="checkbox"/> OWN <input type="checkbox"/> RENT	HOW LONG AT ADDRESS?	MO. RENT OR MORTGAGE PMT.	
<input type="checkbox"/> RELATIVE <input type="checkbox"/> OTHER	YRS. M		
PERSONAL REFERENCES (NOT LIVING WITH YOU) NAME AND TELEPHONE NUMBER			

SPOUSE CO-APPLICANT CO-SIGNER

FIRST NAME	INITIAL	LAST NAME	JR./SR.
SOCIAL SECURITY NUMBER		DATE OF BIRTH (MM/DD/YY)	
STREET ADDRESS			APT. NO.
CITY	STATE	ZIP	
AREA CODE AND HOME TELEPHONE NUMBER		CELL PHONE NUMBER	
E-MAIL ADDRESS			
<input type="checkbox"/> OWN <input type="checkbox"/> RENT	HOW LONG AT ADDRESS?	MO. RENT OR MORTGAGE PMT.	
<input type="checkbox"/> RELATIVE <input type="checkbox"/> OTHER	YRS. M		
PERSONAL REFERENCES (NOT LIVING WITH YOU) NAME AND TELEPHONE NUMBER			

EMPLOYMENT AND INCOME

If self-employed, attach prior 2 years Federal income tax returns or retirement income verification.

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

NAME OF CURRENT EMPLOYER OR BUSINESS			
CURRENT JOB TITLE OR OCCUPATION		MONTHLY SALARY	
STREET ADDRESS			
CITY	STATE	ZIP	
AREA CODE AND EMPLOYER'S TELEPHONE NUMBER		HOW LONG WITH CURRENT EMP.?	
		YRS. M	
DESCRIPTION OF ANY OTHER INCOME		MONTHLY AMOUNT	

NAME OF CURRENT EMPLOYER OR BUSINESS			
CURRENT JOB TITLE OR OCCUPATION		MONTHLY SALARY	
STREET ADDRESS			
CITY	STATE	ZIP	
AREA CODE AND EMPLOYER'S TELEPHONE NUMBER		HOW LONG WITH CURRENT EMP.?	
		YRS. M	
DESCRIPTION OF ANY OTHER INCOME		MONTHLY AMOUNT	

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

Credit Life and/or Credit Disability Insurance are not required to obtain credit under this plan and, for Credit Card Accounts, will be included only if requested immediately below by the APPLICANT. The insurance rates for Credit Card Accounts are shown below. For Credit Card 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.

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

CREDIT LIFE: Single Coverage - \$_.092___ Yes No Joint Coverage - \$_.138___ Yes No
CREDIT DISABILITY: Single Coverage - \$_.171___ Yes No

NOTE: If 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.

SIGNATURE OF APPLICANT 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. You agree and understand that if approved, You are contractually liable according to the applicable terms of the Credit Card Agreement and Disclosure. You will receive a copy of that Agreement no later than the time of Your first credit 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, 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 SIGNATURE	DATE	SPOUSE/CO-APPLICANT/CO-SIGNER SIGNATURE	DATE
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