



VISA® Credit Card Application

(PLEASE CHOOSE)

STANDARD GOLD PLATINUM

- New VISA® account.
- Transfer existing VISA® account to us.

Account#: _____

INTERNAL USE ONLY

Referred By: _____

Approved By: _____

Credit Limit: _____

Branch: _____

YOUR PERSONAL DATA

Full Name	Last	First	Initial
Address			
City / State		Zip	
(area code) Telephone		Cell#	
Birthdate		Social Security #	
No. of Dependents (excluding self)			
Previous Address, if present less than 2 years			
City / State		Zip	
Name of Nearest Relative Not Living With You		Relationship	
Address		(area code) Telephone	
City / State		Zip	

YOUR EMPLOYMENT

Employed by	Years	Months
Address		
Position	(area code) Telephone	
Previous Employer, if present less than 2 years		
Address		
Zip		

YOUR INCOME

Your monthly salary or wages	\$
Describe other monthly income	\$
Total Monthly Income	\$
Alimony, child support and maintenance payment need not be revealed if you do not choose to rely on such income to obtain this credit.	
Have you been declared bankrupt in the last 7 years? <input type="checkbox"/> No <input type="checkbox"/> Yes Where?	

JOINT - APPLICANT

If you desire that we consider the credit worthiness of a Joint-Applicant in evaluating your application; or a Joint-Applicant's income for the purpose of obtaining this account; or if Joint-Applicant is voluntarily applying with you, please complete this section. Additional Joint-Applicant credit references should be listed on separate sheet, if necessary.

Full Name	Last	First	Initial
Address (if different than applicant)			
City / State		Zip	
Relationship	Phone #	Cell#	
Birthdate		Social Security #	
Employment	Position	Yrs.	Mo.
Address		Zip	
Name of Nearest Relative Not Living With You			
Relationship		(area code) Telephone	

Alimony, child support and maintenance payment need not be revealed if you do not choose to rely on such income to obtain this credit.

Your monthly salary or wages	\$
Describe other monthly income	\$
Total monthly income	\$

CREDIT LIFE AND DISABILITY (OPTIONAL)

Please enroll me in the optional Credit Life and Disability Insurance program as described on the reverse side. I understand the cost of this coverage is .0065 of my monthly balance and will be added to my balance each month. I also understand that I may cancel my coverage at any time.

Signature _____

Date _____ Birthdate _____

PLEASE READ BEFORE SIGNING

If you have a Checking Account with us now, please give us your Account Number: _____

If you wish to open or transfer your checking account to us, please check this box and we will contact you.

Each of the undersigned certifies that the information contained on this application is true and correct and is given for the purpose of obtaining credit. Each undersigned understands that the Bank is relying on the information provided therein (including the designation made as to ownership of property) in deciding to grant or continue credit. The Bank is authorized to obtain a Consumer Report and to verify the statements contained in this application. It is agreed that each of the undersigned will not make credit purchases or obtain cash advances which will increase the liability to an amount in excess of the limit established by the Bank. Each of the undersigned agrees to the terms and conditions set forth in the current AGREEMENT, which may be amended at any time.

Authorization is hereby given for the issue of charge cards.

Number of Cards Requested _____

Applicant's Signature _____

Date Signed _____, 20____

Co-Applicant's Signature _____

I authorize the bank to transfer the balance of my credit card listed below to my new Visa® Account.

Card # to Transfer _____

Cardholder's Signature _____

Name and Address of Account You Wish to Transfer.

(Use additional sheets to list other cards you wish to transfer.)

**CREDIT LIFE & DISABILITY
INSURANCE**

**CREDIT ACCOUNT PROTECTOR
"CAP" (Optional)**

Protects you by making your credit card payments if you: lose your job and it's not your fault; go on strike; or are totally disabled. Benefits are payable whenever your job income is cut off for 30 days or more and are retroactive to the first day of unemployment. Payments continue until you can return to work or until we've paid the full amount you owed (up to \$10,000), when you stopped working.

Protects your family by paying your card balance in full (up to \$10,000) in the event of your death or dismemberment, or the death of your spouse.

Group rates are less than a penny per dollar of protection per month. Affordable CAP is only .0065 times your balance each month. That's just \$.92 on a \$142 balance and you're only charged when there's a balance on your account.

The primary accountholder (under age 71) is the insured person. On a joint account, only the first-named person is insured.

The effective date of coverage is the date your credit card is issued.

CAP is voluntary. You enroll in CAP with the understanding that you are free to cancel after 31 days notice to us. CAP also stops when your account is 90 days delinquent or you reach age 71.

Enroll now by signing at the bottom of the application on the reverse side.

EQUAL CREDIT OPPORTUNITY ACT NOTICE

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, or age. (provided the applicant has the capacity to enter into a binding contract) or because all or part of the applicant's income derives from any public assistance program, or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is:

ATLANTA REGIONAL OFFICE
Federal Deposit Insurance Corporation
Suite 1600, One Atlantic Center
1201 West Peachtree Street, N.E.
Atlanta, Georgia 30309-3449

FROM _____

Credit Card Department
P.O. Box 790
Thomaston, Georgia 30286

Credit Card Application



Member of the SouthCrest Financial Group, Inc.
Family of Banks

STAMP

Disclosures*

Interest Rates and Interest Charges:	
Annual Percentage Rate (APR) for Purchases, Cash Advances and Balance Transfers:	11.90% Standard Visa 9.90% Gold Visa 7.90% Platinum Visa
Penalty APR:	18.00% See explanation below **
Annual Fees	\$25 for Platinum Visa NONE for other cards
Grace period for repayment of balance for purchases:	25 days from billing date
Grace period for cash advances and balance transfers:	NONE We will begin charging interest on these checks on the transaction date.
Method of computing the balance for purchases:	Average daily balance (excluding new purchases)
Minimum finance charge:	\$1.00 if full balance is not paid by due date
Fees:	
Transaction Fee for cash advances and balance transfers:	NONE
Late Payment Fee	equal to minimum payment, up to \$25
Returned Payment Fee	equal to minimum payment, up to \$25
Expedited Payment Fee	\$10 will apply if you request payment funds be made available immediately

*The information about the cost of the card described in this application/solicitation is accurate as of July 1, 2011. This information may have changed after that date. To find out what may have changed, write us at Credit Card Department, PO Box 790, Thomaston GA 30286.

**The Penalty APR of 18.00% is effective in the event the cardholder has three late payment occurrences within the preceding 24 month period.

How Long Will the Penalty APR Apply? If your APR is increased due to the late payments described above, the Penalty APR will apply until you make six consecutive minimum payments by the payment due date.

For Credit Card Tips from the Federal Reserve Board go to www.federalreserve.gov/consumerinfo