

VISA® CONSUMER CREDIT CARD APPLICATION

Elan Location Code (Required)

CARD OPTIONS CHOOSE ONE

Rewards – Bonus Rewards USH SC 07477 PC 8361

Rewards PLUS – Bonus Rewards PLUS USH SC 07471 PC 8358

Non Rewards – Visa Platinum UPV SC 07464 PC 1360

Note: If no selection is made or multiple products are selected, we will process your application for a Bonus Rewards Card.
SEE SUMMARY OF ACCOUNT TERMS ON PAGE 4 FOR RATES, FEES AND OTHER COST INFORMATION.

APPLICANT'S INFORMATION

Individual: I am applying for an individual account in my own name.
 Joint: I am applying with another person that will also be responsible for repayment.

First Name	Middle Name	Last Name	Suffix	Date of Birth / /
Social Security Number - -	Street Address (Required – No P.O. Boxes Allowed, U.S. Addresses Only)			Suite/Unit #
City	State	Zip Code	Time at Address (Yrs/Mos) /	
Primary Phone # () -	Mobile Phone # (Optional) () -	E-mail Address ¹ (Optional)		
Mailing Address (If Different Than Above, U.S. Addresses Only)		Suite/Unit #	City	State Zip Code

¹ By providing your email address, you will receive promotions and special offers.

APPLICANT'S RESIDENCE & CITIZENSHIP

Country of Permanent Residence

Country of Citizenship

Country of Citizenship (If Dual Citizenship)

APPLICANT'S EMPLOYMENT & FINANCIAL INFORMATION

Employment Status (Check one)
 Full-time Employment Part-time Employment Unemployed Self-Employed Homemaker Retired Student Military

Current Employer (Enter name of your current or most recent employer or explain why you cannot.)

Work Phone # () -

Employed (Yrs/Mos) /

Occupation (Enter name of your current or most recent occupation or explain why you cannot.)

Annual Income² \$

Main Source of Annual Income (Select One): Employment Income Sale of Property Investments Inheritance
 Rental Income Business Ownership/Sole Proprietorship Government Program Social Security
 Trust Fund Disbursements Pension/Retirement Income Other

² All applicants: **NOTE: Income from alimony, child support, or separate maintenance need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.** Include all income earned by you: salary and hourly wages, overtime, bonuses, commissions, self-employment, social security, retirement pay, public assistance, disability, pension, interest, dividends or rental income.

Additional Annual Income³ \$

Source of Additional Annual Income (Select One): Employment Income Sale of Property Investments Inheritance
 Rental Income Business Ownership/Sole Proprietorship Government Program Social Security
 Trust Fund Disbursements Pension/Retirement Income Other

³ APPLICANTS AGE 21 OR OVER ONLY: Include any other income that is readily accessible to you that is earned by other sources, such as spousal/domestic partner income, salary and hourly wages, overtime, bonuses, commissions, self-employment, social security, retirement pay, public assistance, disability, pension, interest, dividends or rental income. (IF UNDER 21, do not fill in; only provide income earned by you on the Annual Income line.)

Monthly Housing Payment \$	Housing Status <input type="checkbox"/> Own <input type="checkbox"/> Other	Expected Monthly Cash Transactions (Provide the average of all expected monthly cash transactions that you may make on this card account. Cash transactions include any cash advances, or cash equivalent transactions such as purchasing traveler's checks.) \$ (If none, write \$0)	Expected Monthly International Transactions (Provide the average of all expected monthly international transactions that you may make on this card account, including credit card purchases originating from or going to another country.) \$ (If none, write \$0)
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APPLICANT'S ACCT RELATIONSHIP INFORMATION

Enter your total assets and length of relationship with this Financial Institution.

Combined Checking, Savings and Money Market Accounts \$	Combined Investment and Retirement Accounts \$
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Please provide the length of time, in years, that you have had a financial relationship with this Institution (if applicable): _____ Years

FOR WISCONSIN RESIDENTS ONLY

Married Wisconsin residents must provide the name and address of their spouse below. If this credit Account is opened, we may give notice of the opening to the applicant's spouse.

I am Unmarried Married and the name of my spouse is _____

and my spouse resides at the: address above or at: _____

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The joint applicant must complete this section if the joint applicant's information should be used to determine creditworthiness for approving this application. Joint Applicant and Applicant share liability.

JOINT APPLICANT'S INFORMATION	First Name	Middle Name	Last Name	Suffix	Date of Birth / /
	Social Security Number - -	Street Address (No P.O. Boxes Allowed, U.S. Addresses Only)			Suite/Unit #
	City	State	Zip Code	Primary Phone # () -	

JOINT APPLICANT'S RESIDENCE & CITIZENSHIP	Country of Permanent Residence
	Country of Citizenship Country of Citizenship (If Dual Citizenship)

JOINT APPLICANT'S EMPLOYMENT & FINANCIAL INFORMATION	Employment Status (Check one) <input type="checkbox"/> Full-time Employment <input type="checkbox"/> Part-time Employment <input type="checkbox"/> Unemployed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Homemaker <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Military			
	Current Employer (Enter name of your current or most recent employer or explain why you cannot.)	Work Phone # () -	Employed (Yrs/Mos) /	Occupation (Enter name of your current or most recent occupation or explain why you cannot.)
	Joint Applicant's Annual Income⁴ \$	Main Source of Annual Income (Select One): <input type="checkbox"/> Employment Income <input type="checkbox"/> Sale of Property <input type="checkbox"/> Investments <input type="checkbox"/> Inheritance <input type="checkbox"/> Rental Income <input type="checkbox"/> Business Ownership/Sole Proprietorship <input type="checkbox"/> Government Program <input type="checkbox"/> Social Security <input type="checkbox"/> Trust Fund Disbursements <input type="checkbox"/> Pension/Retirement Income <input type="checkbox"/> Other		
	Joint Applicant's Additional Annual Income⁵ \$	Source of Additional Annual Income (Select One): <input type="checkbox"/> Employment Income <input type="checkbox"/> Sale of Property <input type="checkbox"/> Investments <input type="checkbox"/> Inheritance <input type="checkbox"/> Rental Income <input type="checkbox"/> Business Ownership/Sole Proprietorship <input type="checkbox"/> Government Program <input type="checkbox"/> Social Security <input type="checkbox"/> Trust Fund Disbursements <input type="checkbox"/> Pension/Retirement Income <input type="checkbox"/> Other		
	⁴ Income from alimony, child support, or separate maintenance need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.	Expected Monthly Cash Transactions \$ (If none, write \$0)	Expected Monthly International Transactions \$ (If none, write \$0)	

JOINT APPLICANT FOR WISCONSIN RESIDENTS ONLY	Married Wisconsin residents must provide the name and address of their spouse below. If this credit Account is opened, we may give notice of the opening to the applicant's spouse.
	I am <input type="checkbox"/> Unmarried <input type="checkbox"/> Married and the name of my spouse is and my spouse resides at the: <input type="checkbox"/> address above or at:

AUTHORIZED USER ⁶	(Optional) – Complete if you would like to allow another user on this account. The Authorized User information will not be used to determine creditworthiness for approving this application, nor will they share liability for the account. Only one Authorized User can be added at time of application. To add additional users, please call Cardmember Service after account approval.				
	First Name	Middle Name	Last Name	Suffix	
	Date of Birth / /	Social Security Number - -			
	Street Address (No P.O. Boxes Allowed, U.S. Addresses Only)	Suite/Unit #	City	State	Zip Code

⁶ You may request a card be issued on your Visa Card account to a person you authorize to use your account. This person is called an Authorized User. You **agree to be solely responsible** for all transactions the Authorized User makes on your account.

IMPORTANT TERMS AND APPLICANT AGREEMENT

By signing the application, you understand and agree that Elan Financial Services ("we," "us" or "our"), as the creditor and issuer of your Account, will rely on the information provided here in making this credit decision, and you certify that such information is accurate and complete to the best of your knowledge. If we open an Account based on this Application, you will be individually liable (or, for joint Accounts, individually and jointly liable) for all authorized charges and for all fees referred to in the most recent Cardmember Agreement, which may be amended from time to time. We may request consumer credit reports about you for evaluating this Application and in the future for reviewing Account credit limits, for Account renewal, for servicing and collection purposes and for other legitimate purposes associated with your Account. Upon your request, we will inform you if a consumer report was requested and, if it was, provide you with the name and address of the consumer reporting agency that furnished the report. By providing us with a telephone number for a cellular phone or other wireless device, including a number that you later convert to a cellular number, you are expressly consenting to receiving communications - including but not limited to prerecorded or artificial voice message calls, text messages, and calls made by an automatic telephone dialing system - from us and our affiliates and agents at that number. This express consent applies to each such telephone number that you provide to us now or in the future and permits such calls for non-marketing purposes. Calls and messages may incur access fees from your cellular provider. By signing the application, you also agree that we may verify your employment, income, address and all other information provided with other creditors, credit reporting agencies, employers, third parties and through records maintained by federal and state agencies (including any state motor vehicle department) and waive any rights of confidentiality you may have in that information under applicable law. You agree that, in order to open and administer the Account that may be established as a result of this Application, we and the correspondent financial institution that solicited this Application may share certain information about you and your ongoing Account activity.



SIGNATURES	By signing below, you certify that you have read and understood the disclosures here and you agree to the terms of the application.			
	Signature of Applicant X	Date	Signature of Joint Applicant X	Date

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INTERNAL USE ONLY	MUST COMPLETE FOR CREDIT			To be completed by the Financial Institution:		
	Elan Location Code: (Not Branch or ID Number)		Originating Branch ID (your branch number): (Nine characters maximum - alpha or numeric)		Officer/Employee ID: (Eight characters maximum - alpha or numeric)	
	Officer/Employee First Name:		Officer/Employee Last Name:			Officer/Employee Phone Number:
	Employee Receiving Credit First Name:		Employee Receiving Credit Last Name:			
	Location Code Receiving Credit:		Employee Receiving Credit ID: (Eight characters maximum - alpha or numeric)			

MAILING INSTRUCTIONS	✓ APPLICANT: If you are unable to complete this application with the Representative, please place the completed application (both pages 1 and 2) in an envelope and mail it to the address below.			 		
	✓ FINANCIAL INSTITUTION EMPLOYEE: Please fill in the branch address below.					
	Financial Institution Branch Name			Attention		
	Mailing Address					
	City			State		Zip Code

OR FAX TO: 1-800-670-4834

✓ **REMINDER** – under 21 applicants are required to submit a written application to be completed and signed by the applicant.

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT: To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Summary Of Visa Account Terms

Interest Rates and Interest Charges	Bonus Rewards PLUS	Bonus Rewards	Visa Platinum
Annual Percentage Rate (APR) for Purchases	0.00% Introductory APR for 6 billing cycles. After that, your APR will be 12.74% - 23.74% based on your creditworthiness when you open your account. This APR will vary with the market based on the Prime Rate.		0.00% Introductory APR for 12 billing cycles. After that, your APR will be 10.74% - 21.74% based on your creditworthiness when you open your account. This APR will vary with the market based on the Prime Rate.
APR for Balance Transfers	0.00% Introductory APR for 6 billing cycles. After that, your APR will be 12.74% - 23.74% based on your creditworthiness when you open your account. This APR will vary with the market based on the Prime Rate.		0.00% Introductory APR for 12 billing cycles. After that, your APR will be 10.74% - 21.74% based on your creditworthiness when you open your account. This APR will vary with the market based on the Prime Rate.
APR for Cash Advances	24.74% This APR will vary with the market based on the Prime Rate.		
Penalty APR and When It Applies	Not Applicable.		
How to Avoid Paying Interest on Purchases	Your due date is 24-30 days after the close of each billing cycle. We will not charge you interest on purchases if you pay your entire balance by the due date each month.		
Minimum Interest Charge	If you are charged interest, the charge will be no less than \$2.00.		
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			
Annual Fees	\$50	None	None
Transaction Fees <ul style="list-style-type: none"> • Balance Transfer • Convenience Check Cash Advance¹ • Cash Advance • Cash Equivalent Advance • Overdraft Protection² 	Either 3% of the amount of each transfer or \$5 minimum, whichever is greater Either 3% of the amount of each advance or \$5 minimum, whichever is greater Either 4% of the amount of each advance or \$10 minimum, whichever is greater Either 4% of the amount of each advance or \$20 minimum, whichever is greater \$10 per occurrence		
• Foreign Transaction	None	2% of each foreign purchase transaction or foreign ATM advance transaction in U.S. Dollars. 3% of each foreign purchase transaction or foreign ATM advance transaction in Foreign Currency.	
Penalty Fees <ul style="list-style-type: none"> • Late Payment • Returned Payment • Overlimit 	Up to \$38 Up to \$35 None		

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

Contact For Updates: The information about the costs of the card described in this application is accurate as of April 1, 2017. This information may have changed after that date. To find out what may have changed, call us at 1-800-558-3424 (we accept relay calls) or write us at P.O. Box 6354, Fargo, ND 58125-6354.

Right to Change Terms: We may change APRs, fees and other Account terms in the future based on your experience with Elan Financial Services and its affiliates as provided under the Cardmember Agreement and applicable law.

How We Apply Your Payments: We apply your minimum payment to balances with lower APRs first, including promotional APRs. Amounts paid over the minimum payment will be applied in the order of highest to lowest APR balances.

¹ Not all products receive Convenience Checks.

² Not all products offer Overdraft Protection.

How Variable Interest Rates Are Determined: After the introductory period, your interest rate is a variable rate and is determined by a combination of the Prime Rate (which may vary) added to a margin (which does not change). Because the Prime Rate may vary, your variable interest rate will go up or down if the Prime Rate changes. If you are granted an Account, the following rates on the Account are variable: Non-Introductory Purchase Rate; Non-Introductory Balance Transfer Rate; Cash Advance Rate. More information is available in the Cardmember Agreement.

Notice to New York Residents: You may contact the New York State Department of Financial Services by telephone at (800) 342-3736 or visit its website at www.dfs.ny.gov for free information on comparative credit card rates, fees and interest-free periods.

Notice to Married Wisconsin Residents: No provision of any marital property agreement, unilateral statement under section 766.59 of the Wisconsin statutes or court decree under section 766.70, adversely affects our interest unless we, prior to the time the credit is granted or an open-end credit plan is entered into, are furnished a copy of the agreement, decree or court order, or have actual knowledge of the adverse provisions. **IF YOU ARE A MARRIED WISCONSIN RESIDENT, CREDIT EXTENDED UNDER THIS ACCOUNT WILL BE INCURRED IN THE INTEREST OF YOUR MARRIAGE OR FAMILY.**

Notice to California Residents: An applicant, if married, may apply for a separate Account.

Notice to Ohio Residents: The Ohio laws against discrimination require that all creditors make credit equally available to all creditworthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.

Rewards Program Rules: Account must be open and in good standing to earn and redeem rewards and benefits. Upon approval, refer to your Cardmember Agreement for additional information. From the date you open your Account until your Account is closed, you will receive 1 Reward Point ("Point") for each dollar of Net Purchases charged to your Bonus Rewards or Bonus Rewards PLUS Card Account during each billing cycle that the Account is open and current (not past due or overlimit) on the closing date for the billing cycle. During each monthly billing cycle for a Bonus Rewards Card Account you will also earn additional Points ("Bonus Points") equal to 25% of the total Points earned on Net Purchases charged to your account during that billing cycle, making a total of 1.25 points. For a Bonus Rewards PLUS Card Account you will earn additional Points equal to 50% of the total Points earned on Net Purchases charged to your account during that billing cycle, for a total of 1.50 points. For both Bonus Rewards and Bonus Rewards PLUS Accounts the number of Points that may accumulate in any monthly billing cycle for your Account is unlimited. "Net Purchases" for a statement period are determined by totaling all new Purchases charged to the Account during the billing cycle, then subtracting credits posted to the Account during the billing cycle for returned Purchases and/or adjustments. Points will not be awarded for Cash Advances or other Account Advances as defined in the Cardmember Agreement. Points will be awarded to the primary cardmember and may be redeemed by an authorized cardmember on the Account. Cardmembers can redeem points for round-trip airfare beginning at 25,000 points in addition to Cash Back³, Gift Certificates, Name Brand Merchandise Rewards and more. Points expire five years from the end of the quarter in which they are earned. Rewards are administered by a third party.

³ Reward points can be redeemed as a cash deposit to a checking or savings account within seven business days or as a statement credit to your credit card account within 1 to 2 billing cycles.

The creditor and issuer of these credit cards is Elan Financial Services, pursuant to a license from Visa U.S.A. Inc.