

# VISA / MASTERCARD APPLICATION

Emp. _____
Branch _____

Please send me a:  Visa  Mastercard  
 SSBA CREDIT DEPARTMENT (504) 889-9319 • (800) 353-6454  
 If this is an application for joint credit, Borrower and Co-Borrower each agree that we intend to apply for joint credit (initial here): \_\_\_\_\_ Applicant \_\_\_\_\_ Co-Applicant

## 1 - Tell Us About Yourself

**Important: Please Print Clearly**

**IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT:** To help the government fight the funding of terrorism and money laundering activities, Federal laws require all financial institutions to obtain, verify and record information that identifies each person who opens an Account. What this means to 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.

Your Name (First, Middle, Last, Jr., Sr., etc. as it will appear on the card) \_\_\_\_\_

Date of Birth (Month/Day/Year) \_\_\_\_\_ Social Security Number \_\_\_\_\_

Driver's License No. and State Issued \_\_\_\_\_ Number of Dependents (Including Yourself) \_\_\_\_\_

Home Address (No P.O. Boxes) \_\_\_\_\_ Apt. # \_\_\_\_\_ Home Phone # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Length of Time at Current Address (Year/Months) \_\_\_\_\_ Own \_\_\_\_\_ Rent \_\_\_\_\_ Other \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_

Previous Home Address (If at current less than three years) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Years There \_\_\_\_\_

Employer (If self-employed, give name & type of business) \_\_\_\_\_

Business Telephone# \_\_\_\_\_ Years There \_\_\_\_\_ Position \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Annual Income \_\_\_\_\_ Other Income (Amount & Source)\* \_\_\_\_\_

\*Do not disclose alimony, child support, spousal income, separate maintenance income or its source unless you want it to be considered for this application.

## 2 - About Your Co-Applicant

Your Name (First, Middle, Last, Jr., Sr., etc. as it will appear on the card) \_\_\_\_\_

Date of Birth (Month/Day/Year) \_\_\_\_\_ Social Security Number \_\_\_\_\_

Driver's License No. and State Issued \_\_\_\_\_ Number of Dependents (Including Yourself) \_\_\_\_\_

Home Address (No P.O. Boxes) \_\_\_\_\_ Apt. # \_\_\_\_\_ Home Phone # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Length of Time at Current Address (Year/Months) \_\_\_\_\_ Own \_\_\_\_\_ Rent \_\_\_\_\_ Other \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_

Previous Home Address (If at current less than three years) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Years There \_\_\_\_\_

Employer (If self-employed, give name & type of business) \_\_\_\_\_

Business Telephone# \_\_\_\_\_ Years There \_\_\_\_\_ Position \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Annual Income \_\_\_\_\_ Other Income (Amount & Source)\* \_\_\_\_\_

\*Do not disclose alimony, child support, spousal income, separate maintenance income or its source unless you want it to be considered for this application.

## 3 - Free Transfer(s) of Balances

Balance Transfers may take up to 30 days. Please continue to make payments on the account(s) listed below until the balance transfers are confirmed on your next account statement.

1. Card Issuer _____	2. Card Issuer _____
Payment Address _____	Payment Address _____
Account Number _____	Account Number _____
Name on Account _____	Name on Account _____
Amount You Wish to Transfer \$ _____	Amount You Wish to Transfer \$ _____

I hereby certify that I have verified that all of the information furnished on this application is, to the best of my knowledge, complete and accurate. You and your designated agents may request a consumer credit report and information from any other source in connection with this application including my employer or any other source of my income, and subsequently in connection with any update, renewal, or additional extension of credit. Upon my request, you will tell me whether a consumer credit report was requested, the name and address of each consumer reporting agency from which you obtained a consumer report on me. You may also furnish on a regular basis credit and experience information regarding my Account and my Account Number to others seeking such information. By signing, using, or permitting another to use my Account, I agree to be bound by the terms and conditions of my Mastercard/Visa Credit Card Account Agreement, including any amendments which will be mailed upon account approval. I understand that Southern States Bankcard Association, will make all extensions of credit, impose all finance charges and other fees and charges, and make all decisions as to whether to extend credit to me from its offices in Metairie, Louisiana. I understand and agree that, if you approve my application, my Account will be a "lender credit card account" under which I may, if I choose to do so and subject to the terms of my Mastercard/Visa Credit Card Account Agreement, obtain purchases/cash advances from time to time to finance additional purchases of goods or services as stated in my Mastercard/Visa Credit Card Account Agreement at all locations where Mastercard/Visa is accepted. Southern States Bankcard Association, P.O. Box 6972, Metairie, LA 70009-6972, reserves the right to determine eligibility of the applicant with respect to the extension of credit applied for herein and will issue the Mastercard/Visa(s) requested to approved applicants.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_ Co-applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

▶ Detach Disclosure Summary and Keep for Your Records – Fold and tape shut application portion and mail in no postage necessary ▶

Rate, Fee and Other Cost Information	
<b>Annual Percentage Rate (APR) for Purchases and Balance Transfers</b>	<b>12.75%</b> Variable This APR may increase or decrease monthly based on the Prime Rate as published in the Wall Street Journal. Any increase in the APR may increase your minimum payment and the amount of interest you pay.
<b>APR for Cash Advances, Courtesy Checks, Overdraft Cash Advances</b>	<b>18%</b>
<b>Penalty APR and when it applies</b>	<b>21%</b> , if account becomes 60 contractually days past due. Penalty APR may apply for six months or longer if you do not pay by your due date.
<b>Paying Interest or How to Avoid Paying Interest, Grace Period for Repayment of Purchases, Balance Transfers, Cash Advances, Courtesy Checks and Overdraft Cash Advances</b>	Your due date is at least 25 days after the close of each billing period. We will not charge you interest on purchases and balance transfers if you pay your entire balance by the due date each month. No grace period on cash advances, courtesy checks and overdraft cash advances.
<b>Minimum Finance Charge</b>	<b>\$1.00</b>
<b>For Credit Card Tips from the Consumer Financial Protection Bureau</b>	To learn more about factors to consider when applying for or using a credit card, visit the web site of the Consumer Financial Protection Bureau at <a href="http://www.consumerfinance.gov/learnmore">http://www.consumerfinance.gov/learnmore</a>

Fees	
<b>Annual Fee, Over limit Fee, Balance Transfer Fee</b>	<b>None</b>
<b>Transaction Fees</b>	<b>Cash Advance</b> 4% of amount of advance, \$5.00 minimum charge. <b>Courtesy Checks</b> 3% of draft, \$5.00 minimum charge. <b>Overdraft Cash Advance</b> 4% of advance, \$5.00 minimum charge. <b>International Transaction</b> 2% of the U.S. dollar amount of the transaction, whether originally made in U.S. dollars or converted from a foreign currency.
Penalty Fees	
<b>Late Payment Fee</b>	<b>\$25.00</b>
<b>Return Payment Fee</b>	<b>\$25.00</b>
Other Fees	
<b>Pay By Phone Fee</b>	<b>\$10.00</b>
<b>How We Will Calculate Your Balance:</b> We use a method called "average daily balance (including new purchases)". See your account agreement for more details.	
<b>Billing Rights:</b> Information on your rights to dispute transactions and how to exercise those rights is provided in your account agreement.	
State laws require the following notices: OHIO RESIDENTS: The Ohio law against discrimination requires 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. WISCONSIN RESIDENTS: Wisconsin law provides that no provision of any marital property agreement, unilateral statement, or court decree applying to marital property will adversely affect a creditor's interest unless, prior to the time credit is granted, the creditor is furnished with a copy of the agreement, statement or decree, or has actual knowledge of the adverse provision when the obligation to the creditor is incurred. In addition, please provide the name and address of your spouse so that we may provide your spouse with a disclosure required under Wisconsin law. This information was correct as of the time of its printing (03/18) but is subject to change. You may call Southern States Bankcard Association at 1-800-353-6454, or write to us at P.O. Box 6972, Metairie, Louisiana, 70009-6972 to determine whether any of the information above has changed since this form was printed. We may, at any time and for any reason, change, add or delete provisions of the Credit Card Account Agreement, including increasing rates or fees. These changes may affect existing balances as well as future transactions. We will send you notice of any terms change as required by applicable law.	



*Local  
Relationship  
Oriented  
Community  
Bank*

*You are a Name  
not a number*

Overdraft Protection, Free Travel Accident Insurance,  
Patented Fraud Protection - Receive Phone Alerts About  
Suspicious Charges, Zero Liability Policy - You're Never  
Responsible for Unauthorized Purchases.

NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES



**BUSINESS REPLY MAIL**  
FIRST CLASS MAIL PERMIT NO. 3543 NEW ORLEANS, LA

POSTAGE WILL BE PAID BY ADDRESSEE

ATTN: CREDIT DEPARTMENT  
SOUTHERN STATES BANKCARD ASSOCIATION  
P.O. BOX 6972  
METAIRIE, LA 70009-9984



*Your*  
Hometown Card



With  
Worldwide  
Acceptance

