



AMERICAN BANK & TRUST VISA® CREDIT CARD APPLICATION

PLEASE CHECK TYPE OF CARD DESIRED PERSONAL PREMIERE EXECUTIVE SECURED

APPLICANT TYPE OF CREDIT REQUESTED

- INDIVIDUAL CREDIT** – Relying solely on my income or assets
- INDIVIDUAL CREDIT** – Relying on my income or assets as well as income or assets from other sources
- JOINT CREDIT** – We intend to apply for joint credit (sign below)
- SECURED** (If secured, complete bottom section of application)
- UNSECURED**

DESIRED CREDIT LIMIT \$ _____

SIGNATURE _____

SIGNATURE _____

Please Note: If you are applying for credit in your name only, do not complete portion on co-applicant					
Applicant Name (Last, First, Middle)			Co-Applicant Name (Last, First, Middle)		
Birthdate	Home Phone #	# of Dependents	Birthdate	Home Phone #	# of Dependents
E-Mail Address			E-Mail Address		
DL # & State		SS#	DL # & State		SS#
Home Address		How Long	Home Address		How Long
City, State, Zip			City, State, Zip		
Own Home <input type="checkbox"/> Yes <input type="checkbox"/> No		Rent <input type="checkbox"/> Yes <input type="checkbox"/> No	Own Home <input type="checkbox"/> Yes <input type="checkbox"/> No		Rent <input type="checkbox"/> Yes <input type="checkbox"/> No
Monthly Mortgage or Rent Payment \$			Monthly Mortgage or Rent Payment \$		
Previous Home Address		How Long	Previous Home Address		How Long
City, State, Zip			City, State, Zip		
Current Employer			Current Employer		
Current Employer Address			Current Employer Address		
Position	Salary Per Month* Gross \$		Position	Salary Per Month* Gross \$	
Employer Phone #		How Long	Employer Phone #		How Long
Previous Employer		How Long	Previous Employer		How Long
Previous Employer Address			Previous Employer Address		
Name of Nearest Relative (not living with you)			Name of Nearest (relative (not living with you)		
Address of Nearest Relative(not living with you)			Address of Nearest Relative (not living with you)		
Relationship	Phone #		Relationship	Phone #	
*ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT WISH TO HAVE IT CONSIDERED AS A BASIS FOR REPAYING THIS OBLIGATION					
Alimony, child support, or separate maintenance received under: <input type="checkbox"/> Court Order <input type="checkbox"/> Written Agreement <input type="checkbox"/> Oral Understanding Other Income \$ _____ per _____ Sources of other Income _____ Is any Income in this section likely to be reduced in the next two years <input type="checkbox"/> Yes (explain in detail on a separate sheet) <input type="checkbox"/> No			Alimony, child support, or separate maintenance received under <input type="checkbox"/> Court Order <input type="checkbox"/> Written Agreement <input type="checkbox"/> Oral Understanding Other Income \$ _____ per _____ Sources of other income _____ Is any Income in this section likely to be reduced in the next two years <input type="checkbox"/> Yes (explain in detail on a separate sheet) <input type="checkbox"/> No		
Complete this section if applying for joint or secured credit or applicant resides in a community property state Applicant <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (including single, divorced, and widowed) Co-Applicant <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (including single, divorced, and widowed)					
Complete the following information about the Applicant and Co-Applicant Are you obligated to make Alimony, Support, or Maintenance Payments <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, to whom (Name & Address) _____ Are you a co-maker, endorser, or guarantor on any loan or contract <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, for whom _____ Are there any unsatisfied judgments against you <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, to whom owed _____ Have you declared bankruptcy in the last 10 years <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where _____					Amount per month \$ _____ To whom _____ Amount \$ _____ Year _____
I (We) make this application to American Bank & Trust for a Visa® Credit card(s) to be issued as a result of this application. If this application is accepted and a Visa® Credit card(s) issued the undersigned applicant and joint applicant, if any, by signing, using, or permitting another to use the Visa® card(s) agree(s) that the applicant and joint applicant, if any, will be bound by the terms and conditions of the Visa® Credit Card Agreement, and Customer Payment Schedule. Everything that I (we) have stated in this application is correct to the best of my (our) knowledge. I (We) understand that you will retain this application whether or not it is approved. You are authorized to check my (our) credit and employment history and to answer questions about your credit experience with me (us). I (We) understand that a periodic membership fee may be assessed. Please refer to the Credit Rate Disclosure for applicable rates and fees for various card types.					
Applicant Signature:		Date:	Co-Applicant Signature:		Date:
Secured Credit (Complete only if credit is to be secured) By signing below you grant American Bank & Trust security interest, not to exceed 150% of the credit limit, in the following account(s), to secure your credit card account with us. You authorize American Bank & Trust to apply funds such account to pay any amounts due on the credit card account or under this agreement, should you default. (indicate account #(s)) _____					
Applicant Signature:		Date:	Co-Applicant Signature:		Date:

I am acknowledging receipt of Credit Rate Disclosure _____ Date _____

