

American Bank Credit Card



Account Choice: Individual Account Joint Account Credit Limit Increase Credit Limit Requested \$ _____
 (Two signatures required for joint applicant)

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 you 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.

APPLICANT Note: All applicable sections should be filled out completely to avoid delay in processing your application.

First/Middle/Last Name					Social Security #
Date of Birth	No. of Dependents	Home Phone ()	Cell Phone ()	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other	Monthly Payments \$
Current Address			City	State	Zip Code
Mailing Address (If different from above)			City	State	Zip Code
Previous Address (If less than 2 years at present address)			City	State	Zip Code
Email Address					
Employer	Self Employed <input type="checkbox"/> Yes <input type="checkbox"/> No		Work Phone ()		Date Employed
Address		Position/Occupation			Monthly Gross Income \$
Name and Address of Previous Employer (If less than 2 years at present employer)					How Long (years)
Source of Additional Income (You need not furnish alimony, child support or maintenance income if you do not want us to consider it in evaluating)					Amount Per Month \$
Nearest Relative (Not living with you)		Home Phone ()	Cell Phone ()		Relationship
Their Address		City	State	Zip Code	

CO-APPLICANT

First/Middle/Last Name					Social Security #
Date of Birth	No. of Dependents	Home Phone ()	Cell Phone ()	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other	Monthly Payments \$
Current Address			City	State	Zip Code
Mailing Address (If different from above)			City	State	Zip Code
Previous Address (If less than 2 years at present address)			City	State	Zip Code
Email Address					
Employer	Self Employed <input type="checkbox"/> Yes <input type="checkbox"/> No		Work Phone ()		Date Employed
Address		Position/Occupation			Monthly Gross Income \$
Name and Address of Previous Employer (If less than 2 years at present employer)					How Long (years)
Source of Additional Income (You need not furnish alimony, child support or maintenance income if you do not want us to consider it in evaluating)					Amount Per Month \$
Nearest Relative (Not living with you)		Home Phone ()	Cell Phone ()		Relationship
Their Address		City	State	Zip Code	

INTEREST RATE AND INTEREST CHARGES

Annual Percentage Rate (APR) for Purchases, Balance Transfers and Cash Advances	10.25% to 12.25% when you open your account, based on your creditworthiness. After that, your APR will vary with the market based on the Prime Rate.
How to Avoid Paying Interest	Your due date is within 25 days after the close of each billing cycle. We will not charge you any interest on purchases if you pay your entire statement balance by the due date each month. We will begin charging interest on cash advances on the transaction date.
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 www.consumerfinance.gov/learnmore

FEEES

Annual Fee	None		
Transaction Fees			
Balance Transfer	None		
Cash Advance	2.0% of dollar amount advanced (minimum of \$1.00).		
Foreign Transaction	1.0% of U.S. dollar amount of each transaction if there is a currency conversion.	1.0% if the transaction is International without a currency conversion.	
Penalty Fees			
Late Payment	\$27.00 if there has been no late payment in any of the previous six billing cycles. Otherwise, \$37.00 <i>The late fee will not exceed the minimum payment due.</i>		
Returned Payment	\$20.00	Over the Credit Line	None
Other Fees			
Card Replacement Fee	\$5.00	Stop Recurring Payment Fee	\$20.00
Expedited Card Delivery Fee	\$25.00	Statement Copy Fee	\$5.00
Annual Statement Fee	Detailed annual statement available upon request \$5.00 <input type="checkbox"/> Check here if you would like to receive a detailed statement.		

How We Will Calculate Your Balance: We use a method called "Average Daily Balance" (including current transactions). See your account agreement for further information regarding how we calculate your balance.

SIGNATURES

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING:
 This statement is submitted to obtain credit and I/we certify that all information herein is true and complete. I/We agree that inquiries may be made to verify information and that credit references or verification may be given based on inquiries from other parties. This offer is subject to the credit policies of this institution. I/We agree to be bound by the terms and conditions of the cardholder agreement, a copy of which will be mailed to the applicant if this application is granted, receipt of such agreement and acceptance of such terms to be conclusively presumed by the applicant's use. If this is a joint application, the undersigned shall be jointly and severally liable for any and all credit extended from time to time. We may report information about your account to the credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

X _____ X _____
 Applicant's Signature Date Co-Applicant's Signature Date

Notice of Intent to Apply for Joint Credit - Two signatures required for joint application. We intend to apply for joint credit.

X _____ X _____
 Applicant's Signature Date Co-Applicant's Signature Date

Transfer of Balance Request - Upon approval, I wish to transfer my present balance on the credit card account(s) listed below to my new credit account.

Credit Card Account Number _____ Amount to be transferred \$ _____

Signature _____ Signature _____

Please include most recent statement copy of account to be paid off.

For Internal Use Only
REFERRED BY

APPROVED BY

UPDATED 03/17/2020

DATE RECEIVED

DATE APPROVED

BRANCH #

CREDIT LINE