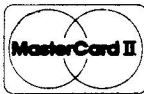


**Honeywell Phila. Division  
Federal Credit Union**

FORT WASHINGTON, PA 19034 (215) 641-3492 or 641-3498



**MasterCard Loan Application**

CREDIT UNION ACCOUNT NO. \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_

**IMPORTANT: Read these Directions before completing this Application.**

CHECK APPROPRIATE BOX:

- If you are applying for an individual account in your own name and are relying on your own income or assets and not the income assets of another person as the basis for repayment of the credit requested, complete only Sections A and D.
- If you are applying for a joint account that you and another person will use, complete all Sections, providing information in B about the joint applicant or user.
- If you are applying for an individual account, but are relying on income from alimony, child support, or separate maintenance or on the income or assets of another person as the basis for repayment of the credit requested, complete all Sections to the extent possible, providing information in B about the person on whose alimony, support or maintenance payments or income or assets you are relying.

**PLEASE PRINT ALL INFORMATION**

**SECTION A — INFORMATION REGARDING APPLICANT**

Full Name (Last, First, Middle): \_\_\_\_\_ Birthdate: \_\_\_\_\_  
 Present Street Address \_\_\_\_\_ Years there: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Previous Street Address: \_\_\_\_\_ (If at Present Address Less Than 3 Years)  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Years there: \_\_\_\_\_  
 Present Employer and Address: \_\_\_\_\_ Years there: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Position or title: \_\_\_\_\_ Name of supervisor: \_\_\_\_\_  
 Previous Employer and Address: \_\_\_\_\_ Years there: \_\_\_\_\_  
 Gross Salary or Commission: \$ \_\_\_\_\_ per \_\_\_\_\_ No. Dependents: \_\_\_\_\_ Ages: \_\_\_\_\_

**Allimony, 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.**

Other income: \$ \_\_\_\_\_ per \_\_\_\_\_ Source(s) of other income: \_\_\_\_\_  
 Is any income listed in this Section likely to be reduced in the next two years? Yes  (Explain in detail on a separate sheet.) No   
 Name of nearest relative not living with you: \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**SECTION B — INFORMATION REGARDING JOINT APPLICANT, USER, OR OTHER PARTY**

Full Name (Last, First, Middle): \_\_\_\_\_ Birthdate: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Relationship to Applicant (if any): \_\_\_\_\_  
 Present Employer and Address: \_\_\_\_\_ Years there: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Position or title: \_\_\_\_\_ Name of supervisor: \_\_\_\_\_  
 Previous Employer and Address: \_\_\_\_\_ Years there: \_\_\_\_\_  
 Gross Salary or Commission \$ \_\_\_\_\_ per \_\_\_\_\_ No. Dependents: \_\_\_\_\_ Ages: \_\_\_\_\_

**Allimony, 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.**

Other income: \$ \_\_\_\_\_ per \_\_\_\_\_ Source(s) of other income: \_\_\_\_\_

**SECTION C — MARITAL STATUS** (Do not complete if this is an application for an individual account.)

**Applicant:**  Married  Separated  Unmarried (including single, divorced, and widowed) | **Other Party:**  Married  Separated  Unmarried (including single, divorced, and widowed)

**SECTION D — FINANCIAL OBLIGATIONS** (If applicant in section B is a spouse list obligations in both names)

List all Financial Obligations: If None List Recently Paid Accounts. (If more space is needed, use separate sheet.)

Name and Address of Creditors, Banks, Finance Companies, Dept Stores, Etc.	Purpose or Type of Account	Date Incurred	Present Balance	Monthly Payments

**I HAVE NO OTHER OBLIGATIONS OTHER THAN THOSE LISTED ABOVE AND ON SEPARATE SHEET.**

Automobiles Owned or Buying (Make and Year)

Home	Location If Owned	Monthly Payment \$	Approx. Bal. Owed \$	Approx. Value \$
<input type="checkbox"/> Own <input type="checkbox"/> Rent				

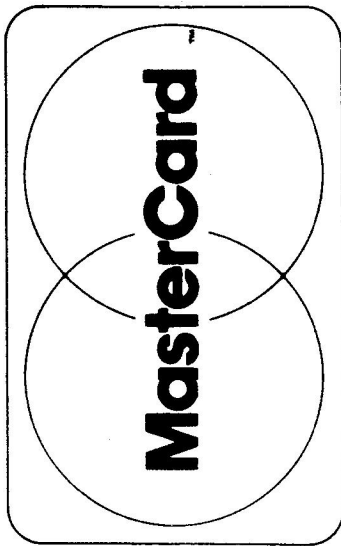
Do you have a MasterCard Credit Card  Yes  No with whom? \_\_\_\_\_ How many cards would you like to have? \_\_\_\_\_ Credit Limit Desired \$ \_\_\_\_\_

Have you been declared bankrupt in the last 14 years?  Yes  No If "Yes" where? \_\_\_\_\_ Year \_\_\_\_\_ Other obligations - (E.g., liability to pay alimony, child support, separate maintenance. Use separate sheet, if necessary.)

The above statements are submitted for the purpose of obtaining credit and are certified to be true, complete and correct. I/We agree to abide by the issuer's terms and conditions and operating procedures governing MasterCard accounts and authorize the issuer to check my/our credit and employment history and to answer questions about its credit experience with me/us. I/We understand that the issuer will retain this application whether or not it is approved. Each person signing this application agrees to be jointly and severally responsible for payment of the account.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_ Other Signature (Where Applicable) \_\_\_\_\_ Date \_\_\_\_\_

# CREDIT CARD APPLICATION



- **9.99% APR – PURCHASES**
- **11.88% APR – CASH ADVANCES**
- **NO ANNUAL FEE**
- **25 DAY GRACE PERIOD**

**Honeywell Phila. Division  
Federal Credit Union**

512 Virginia Drive  
Fort Washington, PA 19034  
(215) 641-3492 or 641-3498

## HONEYWELL PHILA. DIVISION FEDERAL CREDIT UNION CREDIT CARD LINE OF CREDIT AGREEMENT

The purpose of this Agreement is to establish the terms and conditions of a Line of Credit.

In this Agreement the words "I" or "my" mean each person who applies for the MasterCard credit card or who signs this Agreement or who uses the credit card or duplicate credit card.

The word "card" means my MasterCard credit card and duplicates of said card. The word "account" means my MasterCard credit card revolving credit account with HPD Federal Credit Union (the "Credit Union").

1. I hereby apply for a line of credit that I can use from time to time and which may be replenished by payment on amounts previously drawn.
2. Signing this Agreement establishes my request for the issuance of a MasterCard credit card. Approval by the Credit Union's Credit Committee or Loan Officer will establish the following:
  - (a) The credit limit approved shall be determined by the Credit Union, and this credit limit will be drawn upon as I utilize an issued Mastercard credit card.
  - (b) The line of credit will be repaid as follows: either the full amount billed shall be paid or, at my option, an installment equal to at least the required minimum payment. If the outstanding balance of my account is \$20.00 or less, it will be payable in full. The required minimum monthly payment shall be the greater of (i) \$20.00 or (ii) 3% of that portion of the outstanding balance which does not exceed my credit limit, plus the entire portion of the outstanding balance in excess of my limit plus any amount past due.
3. A FINANCE CHARGE (interest) charged on outstanding purchase balances will be at the rate of .83 per month of 9.99% equivalent to a periodic daily rate of .02736 on any outstanding balances that are not repaid within the allowable "grace period" established by the Credit Union's Board of Directors. THE FINANCE CHARGE (interest) of .99 per month of 11.88% equivalent to a periodic daily rate of .03254 FINANCE CHARGES for CASH ADVANCES will have no grace period.
4. I understand that the Credit Union reserves the right to change the rate of the FINANCE CHARGE upon giving notice required by law; provided that such change shall not apply to the balance due for past charges if no additional charges are made hereunder after such change. If additional charges are made, such change shall apply to the balance due for past charges.
5. I promise to pay any and all charges incurred by me or by any person whom I authorize to use the MasterCard issued to me.
6. I agree to pay all costs incurred by the Credit Union in collecting my indebtedness or in enforcing this agreement, including attorneys fees of 10% of the unpaid balance or such greater amount as may be reasonable and just, and also those costs, expenses and attorney's fees incurred in appellate proceedings.

7. I understand and agree that the Credit Union has the authority to impress and enforce a lien on all present and future shares in my name to the extent of that portion of the loan balance which may be in default, including costs of collection and reasonable attorney's fees.
8. As a holder of a MasterCard credit card, I understand that I can repay any outstanding balance prior to maturity in whole or in part at my option without penalty.
9. Prior to my use of the MasterCard credit card that may be issued to me, I agree that I will comply with all of the terms and conditions established by the Credit Union's Board of Directors pertaining to the use of such card. The terms and conditions referred to herein are those that will be furnished to me, at the time I receive my MasterCard credit card. In the event that I do not wish to comply with the foregoing terms and conditions for any reason, I understand that I may terminate this agreement and return the MasterCard credit card to the Credit Union.
10. I acknowledge and agree that the Credit Union's Credit Committee may terminate this Agreement under the following conditions:
  - (a) Upon adverse re-evaluation of my credit worthiness.
  - (b) Upon my failure to satisfy the terms of this Agreement.
  - (c) At my option or at the Credit Union's option if it has good cause.
11. If my line of credit is to be terminated by the Credit Union, I shall receive written notice of such termination; however, I understand and acknowledge that such termination shall not affect my obligation to pay any outstanding balance.
12. I understand that the Credit Union's Credit Committee is required to review my loan file at least once every 12 months, and hereby give my permission to and authorize the Credit Committee to investigate and re-assess my credit worthiness.
13. I understand that a re-application by me and approval by the Credit Committee or Loan Officer shall be required if:
  - (a) The credit limit is increased; or
  - (b) The terms of payment are extended beyond the terms of the original agreement.
14. I fully understand, acknowledge and agree that if any loans become delinquent or past due, my MasterCard credit card shall be revoked, unless the Credit Committee or Loan Officer determines that extenuating circumstances have contributed to the delinquency; under such circumstances, the Credit Committee, at its option, may approve my continued use of the MasterCard credit card.
15. If my card is lost or stolen, I understand that I am liable for the first \$50.00 after reporting my card lost or stolen.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Card Applicant's Signature

\_\_\_\_\_  
Card Applicant's Signature

FOR OFFICE USE ONLY MasterCard Credit Limit \$ _____ approved on _____  By _____ <input type="checkbox"/> Credit Committee <input type="checkbox"/> Loan Officer	MasterCard Cards Issued: _____
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