



0% APR*
Introductory
**Balance
Transfers**
for the first
6 billing cycles

Rates as low as **9.9% APR***
to **13.9% APR***

The Freedom of ppportunity

*Reasons to Switch to
PeoplesChoice Freedom Visa*

- **0% Balance Transfers**
- **Low Rates**
- **Absolutely No Penalty Fees**
- **No Late Fees**
- **Low Minimum Payment**
- **No Annual or Balance Transfer Fees**
- **Local Friendly Service!**
- **Our members save over \$250,000 annually by avoiding the penalty fees of big credit card issuers!**

Apply or Inquire Today.

*Annual Percentage Rate and rewards program based on credit qualifications. Credit approval and membership eligibility required.



PeoplesChoice
CREDIT UNION

PeoplesChoiceME.com
207-282-4156

INTEREST RATES AND INTEREST CHARGES	
Annual Percentage Rate (APR) for purchases	13.90% for Visa Classic, or 9.90% for Visa Platinum Preferred based on your credit worthiness
APR for Balance Transfers	Introductory Rate 0% for the first 6 billing cycles 13.90% for Visa Classic, or 9.90% for Visa Platinum Preferred based on your credit worthiness
APR for Cash Advances	13.90% for Visa Classic, or 9.90% for Visa Platinum Preferred based on your credit worthiness
How to Avoid Paying Interest on Purchases	Your due date is 25 days after the close of each billing cycle. We will not charge interest on purchases if you pay your entire balance by the due date each month. We will begin charging interest on cash advances and balance transfers on the transaction date.
For Credit Card Tips from the Federal Reserve Board	To learn more about factors to consider when applying for or using a credit card, visit the website of the Federal Reserve Board at http://www.federalreserve.gov/creditcard .
Transaction Fees · Foreign Transactions <i>Assessed by Visa – not a fee charged by the credit union</i>	1% for currency conversion. 0.8% for non-currency conversion. \$1.25 ATM cash disbursement fee at surcharge-free ATMs \$0.50 ATM cash disbursement fee at surcharge ATMs <i>Please refer to Section 11, Foreign Transactions, in the agreement for more information.</i>
Additional Fees (If applicable) · Draft Retrieval · Card Replacement · Statement Copy	\$5.00 \$4.00 \$1.00

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

The information about the cost of the card described on this application was printed on June 1, 2010 and was accurate as of that date, but is subject to change after that date.

You should call the credit union at 1-877-785-6328 (toll-free) or write to: PeoplesChoice Credit Union, 23 Industrial Park Road, Saco, ME 04072 for any changes in the information about the cost of the card since the time of printing.

Billing Rights: Information on your rights to dispute transactions and how to exercise those rights is provided in your account agreement.

Loss of Introductory APR: We may end your introductory APR and apply the current APR if your payment is more than 60 days past the payment due date or your account exceeds it's credit limit two consecutive months or you close your account.

EMPLOYMENT VERIFICATION: You must submit two current pay stubs with your application. If self employed, your last Tax Return.

- Individual Credit:** Complete Applicant section. Complete other section as follows: Information about the party making the payments if you are relying on alimony, spousal support, child support or separate/spousal maintenance as a basis for repayment.
- Joint Credit:** Provide information about both of you by completing Applicant and other Applicant sections.

Credit limit requested \$ _____
 Number of Cards desired? 1 2

APPLICANT		
APPLICANT NAME (LAST-FIRST-MIDDLE)		MOTHER'S MAIDEN NAME
HOME ADDRESS (STREET & NO.)		HOW LONG
CITY-STATE-ZIP		
PREVIOUS HOME ADDRESS		
HOME PHONE ()	BIRTHDATE	CELLPHONE
SOCIAL SECURITY NO.		EMAIL

■ CO-APPLICANT ■ SPOUSE ■ GUARANTOR		
APPLICANT NAME (LAST-FIRST-MIDDLE)		MOTHER'S MAIDEN NAME
HOME ADDRESS (STREET & NO.)		HOW LONG
CITY-STATE-ZIP		
PREVIOUS HOME ADDRESS		
HOME PHONE ()	BIRTHDATE	CELLPHONE
SOCIAL SECURITY NO.		EMAIL

NOTICE: ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED.

BUSINESS PHONE ()	GROSS ANNUAL INCOME \$	NET MONTHLY PAY \$
OTHER INCOME \$ PER	SUPERVISOR'S PHONE ()	TYPE OF BUSINESS
CURRENT EMPLOYER	TITLE/GRADE/RANK	SELF EMPLOYED <input type="checkbox"/> YES <input type="checkbox"/> NO
BUSINESS ADDRESS		
PREVIOUS EMPLOYER	TITLE/GRADE/RANK	START DATE
PREVIOUS BUSINESS ADDRESS		END DATE

BUSINESS PHONE ()	GROSS ANNUAL INCOME \$	NET MONTHLY PAY \$
OTHER INCOME \$ PER	SUPERVISOR'S PHONE ()	TYPE OF BUSINESS
CURRENT EMPLOYER	TITLE/GRADE/RANK	SELF EMPLOYED <input type="checkbox"/> YES <input type="checkbox"/> NO
BUSINESS ADDRESS		
PREVIOUS EMPLOYER	TITLE/GRADE/RANK	START DATE
PREVIOUS BUSINESS ADDRESS		END DATE

LIST ALL ASSETS AND DEBTS – ATTACH OTHER SHEETS IF NECESSARY.

DEBTS	OWED TO	ADDRESS	ACCOUNT NO.	PRESENT BALANCE	MONTHLY PAYMENTS	MONTH AMT. PAST DUE
MORTGAGE OR RENT			#	\$	\$	\$
SECOND MORTGAGE			#	\$	\$	\$
AUTO LOAN			#	\$	\$	\$
CREDIT UNION			#	\$	\$	\$
CREDIT CARD			#	\$	\$	\$
CREDIT CARD			#	\$	\$	\$
CHILD SUPPORT, ALIMONY OR MAINTENANCE				\$	\$	\$
OTHER			#	\$	\$	\$

ASSETS							
LIST ALL OTHER ITEMS YOU OWN FREE AND CLEAR ON ANOTHER SHEET IF NECESSARY.							
HOME <input type="checkbox"/> OWN <input type="checkbox"/> RENT	YEARS THERE	ESTIMATED MARKET VALUE \$	AUTO LICENSE(S)	MAKE OF AUTO 1	YEAR	MAKE OF AUTO 2	YEAR
OTHER/DESCRIBE		MARKET VALUE \$	OTHER/DESCRIBE	MARKET VALUE \$	OTHER/DESCRIBE	MARKET VALUE \$	

ARE YOU A COMAKER OF ANY OTHER LOANS? <input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU EVER FILED BANKRUPTCY? <input type="checkbox"/> YES <input type="checkbox"/> NO
HOW MUCH? FOR WHOM?	ARE YOU A U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO
	HAVE YOU ANY LEGAL PROCEEDINGS AGAINST YOU? <input type="checkbox"/> YES <input type="checkbox"/> NO

FINANCIAL REFERENCES	
SHARE ACCOUNT NUMBER/AMOUNT	
NAME AND ADDRESS OF DEPOSITORY	PHONE

PERSONAL REFERENCES	
NAME AND ADDRESS OF NEAREST RELATIVE (NOT LIVING WITH YOU)	RELATIONSHIP
HOME PHONE	

STATEMENT OF INTENT <i>Check if desired</i>	<input type="checkbox"/> Credit Disability Insurance <input type="checkbox"/> Single Credit Life Insurance <input type="checkbox"/> Joint Credit Life Insurance	Check coverage(s) desired. The credit union will disclose the cost of this voluntary insurance to you. A separate insurance election which discloses the terms and conditions must be signed for coverage to become effective.
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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 card account.	
<input type="checkbox"/> Visa Account NO. _____ Signature _____	<input type="checkbox"/> MasterCard Account NO. _____ Please attach a signed BALANCE TRANSFER FORM and your last STATEMENT.

Consumer Reports (Credit Reports) may be obtained in connection with this application. If you request, 1) you will be informed whether or not consumer reports were obtained; and 2) if reports were obtained you will be informed of the names and addresses of the consumer reporting agencies (credit bureaus) that furnished the reports. The credit union is relying on what you stated in this application and you acknowledge that everything you have stated is true and correct and that you have provided a COMPLETE listing of all your debts and obligations. By signing below you acknowledge receipt of and agree to the terms of the Visa Credit Card Agreement that was attached to this application when you received it.

APPLICANT'S SIGNATURE X	DATE	CO-APPLICANT'S SIGNATURE X	DATE
FOR CREDIT UNION USE ONLY	CREDIT LIMIT \$ _____	<input type="checkbox"/> APPROVED <input type="checkbox"/> REJECTED	
VISA ACCOUNT NO. _____		CREDIT COMMITTEE LOAN OFFICER _____	
MEMBER CREDIT UNION ACCOUNT NO. _____		DATE _____	
COMMENTS/CONDITIONS _____		APPROVED FOR <input type="checkbox"/> VISA CLASSIC <input type="checkbox"/> VISA PLATINUM PREFERRED	