



PeoplesChoice
CREDIT UNION

0% APR* Balance Transfers
For first 12 billing cycles

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

Top 5 Reasons to Switch Your Credit Card to PeoplesChoice

1. Low Rates
2. Low Minimum Payment (2% of balance)
3. Rewards Program that can be used on any airline*
4. No Over limit, Balance Transfer or Late Fees!
5. We still offer a 25 day grace period on purchases!

* Credit approval and membership eligibility required. Annual percentage rate and rewards program based on credit qualifications. Cannot transfer existing PCU obligations.



PeoplesChoice
CREDIT UNION

www.PeoplesChoiceCreditUnion.com



This credit union is federally insured by the National Credit Union Administration

Office Locations

www.PeoplesChoiceCreditUnion.com

SACO OFFICE
23 Industrial Park Road
Saco, Maine 04072
(207) 282-4156
(207) 282-1735 fax

ST. JOSEPH'S OFFICE
35 Bradbury Street
Biddeford, Maine 04005
(207) 284-2448
(207) 284-2498 fax

BIDDEFORD OFFICE
369 Elm Street
Biddeford, Maine 04005
(207) 284-8483
(207) 282-8647 fax

SANFORD OFFICE
39 Country Club Road
Sanford, Maine 04073
(207) 490-2000
(207) 490-2058 fax

WELLS OFFICE
774 Post Road, Route 1
Wells, Maine 04090
(207) 646-2597
(207) 646-3498 fax

Below is a complete schedule of the fees and charges associated with our Visa Credit Card program.

ANNUAL PERCENTAGE RATE FOR PURCHASES, CASH ADVANCES AND BALANCE TRANSFERS	GRACE PERIOD FOR REPAYMENT OF THE BALANCE FOR PURCHASES	METHOD OF COMPUTING THE BALANCES FOR PURCHASES	ANNUAL FEE
<p>Visa Classic 13.90%</p> <p>Visa Platinum Preferred 9.9%</p>	<p>You have 25 days to repay your balance for new purchases before a finance charge on new purchases will be imposed.</p>	<p>Average Daily Balance (excluding new purchases)</p>	<p>None</p>

OTHER CHARGES: The following other charges will be added to your account, as applicable: a draft copy fee of \$5.00, a card replacement fee of \$4.00, a copy of statement fee of \$1.00.

The information about cost of the card described on this application is accurate as of 02/19/10. This information may have changed after that date. To find out what may have changed, write to us at the address shown on the back of this application.

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	START DATE
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	START DATE
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. Detach the Visa Credit Card Agreement and retain it for your records.

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 CREDIT COMMITTEE LOAN OFFICER _____ DATE _____ APPROVED FOR <input type="checkbox"/> VISA CLASSIC <input type="checkbox"/> VISA PLATINUM PREFERRED	
VISA ACCOUNT NO. _____			
MEMBER CREDIT UNION ACCOUNT NO. _____			
COMMENTS/CONDITIONS _____			