



MASTERCARD™ APPLICATION

NEW MASTERCARD ACCOUNT.

INCREASE CREDIT LIMIT ON EXISTING MASTERCARD ACCOUNT.

IMPORTANT: Read these Directions before completing this Application Check Appropriate Box

If you are applying for an individual account, but are relying on income from alimony, child support, or separate maintenance or the income or assets of another person as the basis of repayment of the credit requested, complete all Sections to the extent possible, providing information in the "Joint-Applicant" Section about the person on whose alimony, support, or maintenance payments or income or assets you are relying.

YOUR PERSONAL DATA

Full Name Last First Initial

Address

City/State Zip

(area code) Telephone Social Security Number

Driver's License # Expiration Date

Cell Phone

Birthdate at Present Address ____ yr. ____ mo.

No. of Dependents (excluding self)

Previous Address

City/State Zip

Name of Nearest Relative Not Living With You Relationship

Address (area code) Telephone

City/State Zip

YOUR EMPLOYMENT

Employed By Yrs. Mo.

Address

Position (area code) Telephone

Previous Employer Yrs. Mo.

Address Zip

YOUR INCOME

Your monthly salary or wages \$

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.

Describe other monthly income \$

If alimony/child support name and address of payer

Receiving under: written agreement court order oral understanding

Total Monthly Income \$

JOINT-APPLICANT

(Do not complete if this is an application for an individual account.)

Applicant: Married Separated Unmarried (including single, divorced and widowed)

If you desire that we consider the credit worthiness of a Joint-Applicant in evaluating your application; or a Joint-Applicant's income for the purpose of obtaining this account; or if Joint-Applicant is voluntarily applying with you, please complete this Section. Additional Joint-Applicant credit references should be listed on a separate sheet, if necessary.

Full Name Last First Initial

Address (If different than applicant)

City/State Zip

Relationship Social Security Number

Driver's License Number Expiration Date

Birthdate (area code) Telephone

Cell Phone

Employment Position Yrs. Mo.

Address Zip

PLEASE READ BEFORE SIGNING

For more information on other bank services see us at www.legendssbk.com

The above information is given to obtain credit privileges.

I (we) hereby authorize the obtaining of information concerning any statement made herein and, I (we) agree to be bound by the terms of the MASTERCARD Cardholder Agreement. Signers shall be jointly and severally liable.

All credit will be reported as indicated by signatures.

Applicant's Signature

Date

Joint-Applicant's Signature

Date

EQUAL CREDIT OPPORTUNITY ACT

The Equal Credit Opportunity Act prohibits creditors from discriminating against applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act.

Number of Cards Requested



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 or assets of another person as the basis of repayment of the credit requested, complete all Sections except the "Joint-Applicant" Section.

If you are applying for a joint account or an account that you and another person will use, complete all Sections, including the "Joint-Applicant" Section.

FINANCIAL REFERENCES

Name of your Bank

Checking Savings Loan CD Other

Mortgage or rent payable to (area code) Telephone

Today's Value Purchase Price Balance

Year and Make of Auto(s)

1. 2.

Financed by

1. 2.

BANK CREDIT CARDS

1. Acct. No. Credit Limit Balance

2. Acct. No. Credit Limit Balance

OTHER CREDIT REFERENCES

1. Company Balance Mo. Pmt.

Acct. No.

2. Company Balance Mo. Pmt.

Acct. No.

3. Company Balance Mo. Pmt.

Acct. No.

4. Company Balance Mo. Pmt.

Acct. No.

5. Company Balance Mo. Pmt.

Acct. No.

6. Company Balance Mo. Pmt.

Acct. No.

If you are obligated to pay alimony or child support, list monthly amount \$ Are you paying under Court Order Written Agreement Oral

MONTHLY EXPENSES

Mortgage or rent payment \$

Automobile(s) payment \$

Other payments listed \$

Total monthly expenses \$

Name of Nearest Relative Not Living With You:

Relationship (area code) Telephone

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.

Monthly salary or wages \$

Describe other monthly income \$

Total Monthly Income \$

Total monthly expenses, Other than listed above \$