



LEGENDS BANK

MEMBER FDIC

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.	<input type="checkbox"/> Own <input type="checkbox"/> Buying	<input type="checkbox"/> Renting <input type="checkbox"/> with Parents
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.legendsbk.com

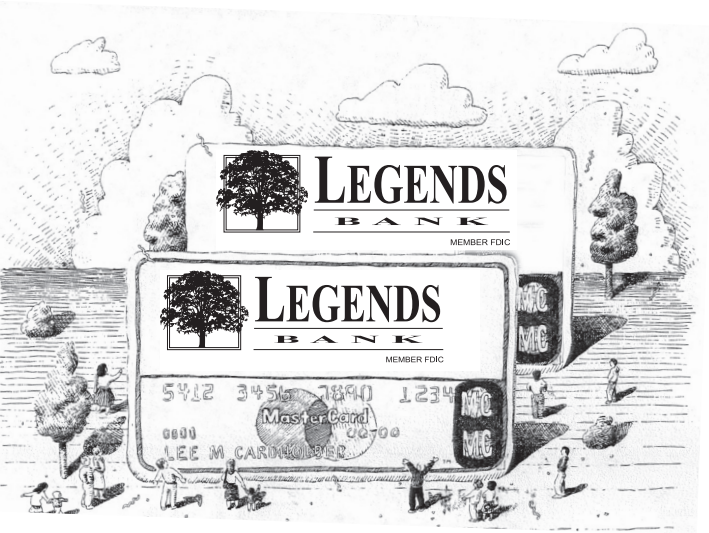
The above information is given to obtain credit privileges. I (we) hereby authorize the obtaining of information concerning any statement made herein and, I (we) agree to be bound by the terms of the MASTERCARD Cardholder Agreement. Signers shall be jointly and severally liable. All credit will be reported 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

Acct. No.	Credit Limit	Balance
1. _____		
2. _____		

OTHER CREDIT REFERENCES

Company	Balance	Mo. Pmt.
1. _____ Acct. No. _____		
2. _____ Acct. No. _____		
3. _____ Acct. No. _____		
4. _____ Acct. No. _____		
5. _____ Acct. No. _____		
6. _____ Acct. No. _____		

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

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	\$ _____