

CREDIT APPLICATION	Check Card Choice	Check Account Choice	Credit Limit Increase
Credit Limit Requested: \$ _____	<input type="checkbox"/> MasterCard <input type="checkbox"/> Platinum MasterCard	<input type="checkbox"/> Individual Account <input type="checkbox"/> Joint Account	_____

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING NEW ACCOUNT: To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an Account. What this means for you: When you open an Account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

APPLICANT Note: All applicable sections should be filled out completely to avoid delay in processing your application.

Last Name	First	Middle	Social Security Number	Date of Birth	Phone Number
Current Address	City	State	Zip	How long (years)	Own Rent Other
Mailing Address	City	State	Zip	Number of Dependents	
Previous Address	City	State	Zip	How long (years)	
Employer	Self-Employed <input type="checkbox"/> Yes <input type="checkbox"/> No	Work Phone Number	Date Employed	Monthly Gross Income	
Employer Address	Position/Occupation		Name and Address of Previous Employer (if less than 2 yrs at present employer)		

Source of Additional Income: Income from alimony, child support or separate maintenance need not be revealed if it is not to be considered in determining creditworthiness.
Amount per month \$ _____

Nearest Relative (not living with you)	Phone Number	Relationship
Address	City	State
		Zip

Co-Applicant Information about a co-applicant is not required for an individual account.

Last Name	First	Middle	Social Security Number	Date of Birth	Phone Number
Current Address	City	State	Zip	How long (years)	Own Rent Other
Previous Address	City	State	Zip	How long (years)	Number of Dependents
Employer	Self-Employed <input type="checkbox"/> Yes <input type="checkbox"/> No	Work Phone Number	Date Employed	Monthly Gross Income	
Employer Address	Position/Occupation				

CREDIT INFORMATION Attach Additional Sheet if Necessary.

Name and Address of Creditor	Name Under Which Account is Carried	Account Number	Balance	Monthly Payment
Home Mortgage/Rent				
Bank Credit Card/Bank Name and Address				

CREDIT DISCLOSURES

Annual Percentage Rate (APR) for Purchases	MasterCard 18% Fixed Platinum MasterCard 9.5% Fixed
Other APR's	Cash Advance and Balance Transfer APR's:
	MasterCard 18% Fixed Platinum MasterCard 9.5% Fixed
Penalty APR	NONE
Grace Period for Repayment of Balances for Purchases	25 Days
Annual Fees	MasterCard: \$18.00 Platinum MasterCard: NONE
Minimum Finance Charge	NONE
Transaction Fee for Cash Advances	10% of the Amount Advanced (\$10 minimum, \$50 maximum)
Balance Transfer Fee	NONE
LATE PAYMENT FEE	\$30.00
RETURN PAYMENT FEE	\$30.00
OVER-THE-CREDIT-LIMIT FEE	\$30.00

How to Avoid Paying Interest on Purchases: Your due date is at least 25 days after the close of each billing cycle. We will not charge you any interest on purchases if you pay your entire balance by the due date each month.

To learn more about factors to consider when applying for or using a credit card visit the website of Consumer Financial Protection Bureau at <http://consumerfinance.gov/learnmore>

How We Will Calculate Your Balance: We use a method called "Average Daily Balance" (including new purchases)

Consent Form for Over-the-Credit-Limit Transactions: Unless you tell us otherwise, we will decline any transactions that causes you to go over your credit limit. If you want to authorize these transactions, you can request over-the-credit limit coverage. If you have over-the-credit-limit coverage and you go over your credit limit, we will charge you a fee of up to \$30.00. You will only pay one fee per billing cycle, even if you go over your limit multiple times in the same cycle. Even if you request over-the-credit-limit coverage, in some cases we may still decline a transaction that would cause you to go over your limit, such as if you are past due or significantly over your credit limit. If you want over-the-credit-limit coverage and to allow us to authorize transactions that go over your limit, please: Check or initial the below statement:
I Want over-the-credit-limit coverage. I understand that if I go over my credit limit, I will be charged a fee of up to \$30.00. I have a right to cancel this coverage at any time.

.....(Customer Signature)
I Do Not want over -the-credit-limit coverage. I understand that transactions that exceed my credit limit will not be authorized.
(Customer Signature)

Signatures:
PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING: This statement is submitted to obtain credit and I/We certify that all information herein is true and complete. This offer is subject to the credit practices of this Institution. I/We agree to be bound by the terms and conditions of the cardholder agreement, a copy of which will be mailed to the applicant if this application is granted, receipt of such agreement and acceptance of such terms to be conclusively presumed by the applicant's use. I acknowledge that I have read and understand the insurance disclosure as described herein. If this is a joint application, the undersigned shall be jointly and severally liable for any and all credit extended from time to time.

X _____ X _____
 Applicant Signature Date Co-Applicant Signature Date

This information is accurate as of August 30, 2016 and is subject to change after this date. You may contact us, the card issuer, in writing at: Farmers & Merchants Bank P.O. Box 4450 Eatonton, GA 31024-4450 for any changes in the required information since it was printed.

