

Interest Rates and Interest Charges

Purchases	18.75% Fixed
Balance Transfers	18.75% Fixed
Cash Advances	18.75% Fixed
Penalty APR	None

Paying Interest:

Your due date is at least **25 days** after the close of each billing cycle. We will not charge you interest in retail purchases if you pay your entire balance by the due date. We will begin charging interest on cash advances and/or balance transfers on the transaction date.

Minimum Interest Charge: None

For Credit Card Tips from the Consumer Financial Protection Bureau: To learn more about factors to consider when applying for or using a credit card, visit the web site of the Consumer Financial Protection Bureau at <http://www.consumerfinance.gov/learnmore>.

Fees

Annual Fee:	None
Transaction Fees:	
Balance Transfers	None
Cash Advances	None
Foreign Transactions	None

Penalty Fees:

Late Payment	Up to \$32.00
Over-the-Credit-Limit	None
Returned Payment	Up to \$32.00
Other Fees:	None

How Will We Calculate Your Balance: We use a method called "average daily balance" (excluding new purchases). * An explanation of this method is provided in your account agreement.

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

RETAIN FOR YOUR RECORDS



CREDIT APPLICATION

Check Account Choice:
(Signature required for joint applicant)

Individual Account
Joint Account
We intend to apply for joint credit
Applicant Initials _____ Co-Applicant Initials _____
Credit Line Increase

Credit Limit Requested \$ _____

Check Credit Card Choice Visa® Visa Gold

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT: To help the government fight the funding of terrorism and money laundering activities, Federal laws require all financial institutions to obtain, verify and record information that identifies each person who opens an Account. What this means to 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	No. of Dependents	Home Phone	Cell Phone	Own	Rent	Other	Monthly Payment \$
	Current Address		City	State	Zip Code	How Long (yrs)		
	Mailing Address (if different from above)		City	State	Zip Code	How Long (yrs)		
	Previous Address (if less than 2 years at present address)		City	State	Zip Code	How Long (yrs)		
	Employer	Self Employed <input type="checkbox"/> Yes <input type="checkbox"/> No		Work Phone		Date Employed		
	Address		Position/Occupation			Monthly Gross Income \$		
	Name and Address of Previous Employer (if less than 2 years at present employer)						How Long (yrs)	
	Source of Additional Income: Income from alimony, child support or separate maintenance need not be revealed if it is not considered in determining creditworthiness						Amount per Month \$	
	Nearest Relative (Not Living With You)				Home Phone ()	Relationship		
CO-APPLICANT Information is not required for an individual account.	Last Name		First	Middle	Social Security Number			
	Date of Birth	No. of Dependents	Home Phone ()	Cell Phone ()	Own <input type="checkbox"/>	Rent <input type="checkbox"/>	Other <input type="checkbox"/>	Monthly Payment \$
	Current Address		City	State	Zip Code	How Long (yrs)		
	Previous Address (if less than 2 years at present address)		City	State	Zip Code	How Long (yrs)		
	Employer	Self Employed <input type="checkbox"/> Yes <input type="checkbox"/> No		Work Phone ()		Date Employed		
	Address		Position/Occupation			Monthly Gross Income \$		
	Name and Address of Previous Employer (if less than 2 years at present employer)						How Long (yrs)	
CREDIT INFO Attach Additional Sheets if Necessary	Name and Address of Creditor		Name under Which Account is Carried		Account Number	Balance	Monthly Payment	
	1. Home Mortgage/Rent							
	2. Bank Credit Card/Bank Name and Address							
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. I/We agree that inquiries may be made to verify information and that credit references or verification may be given based on inquiries from other parties. This offer is subject to the credit policies 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. If you intend to apply for joint credit, the undersigned shall be jointly and severally liable for any and all credit extended from time to time. We may report information about your account to the credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.							
	X _____ Date _____		X _____ Date _____					
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"/> Credit Card Account Number _____		Amount to be transferred \$ _____					
AUTO PAYMENT REQUEST ONLY	Upon approval, I authorize F&M Bank to make automatic payments for (select option below):							
	Choose One: <input type="checkbox"/> Full Balance <input type="checkbox"/> Minimum Monthly Payment		Choose One: <input type="checkbox"/> F&M Account # _____ <input type="checkbox"/> Bank Name _____ Routing # _____ Account # _____					
	Visa Account No. _____		<input checked="" type="checkbox"/> Visa® Gold Account No. _____					
INTERNAL USE ONLY	Date Approved	Credit Line	Approved By	Date Approved	Credit Line	Approved By		