

## CREDIT CARD APPLICATION MasterCard ® Platinum Card

Check Account Choice: (Only One)

_	Individual Account
	Joint Account (see co-applicant and signatures section
	Credit Line Increase

(Signature required for joint applicant)

You are Applying for a Mastercard <sup>®</sup> Platinum Credit Card Credit Limit Requested \$											
IMPORT.	ANT INFORMATION ABOUT ns to obtain, verify and record	PROCEDURES FOR OP	ENING A NEW AC	COUNT: To help to	the government figh . What this means to	t the funding of ter you: When you o	rorism and money pen an Account, w	laundering activities, Fede e will ask for your name, a	ral laws require all financial ddress, date of birth, and other	ır	
IIIIOIIIIaui	on that will allow us to identify you. We may also ask to see your driver's lice Last Name			First			Middle		Social Security Numb	ber	
APPLICANT sections should be filled out completely ay in processing your application.	Date of Birth	No. of Depe	ndents	Home Phone		Cell Phone		Own Rent Ot			
	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 ☐ Yes ☐ No			Work Phone		Date Employed		
A olicable se	Address				Position/Occupa	ation	Monthly Gross Income	\$			
Note: All applicable to avoid dela	Name and Address of Previous Employer (if less than 2 years at present employer)										
Ň	Source of Additional Income: Income from alimony, child support or separate maintenance need not be revealed if you do not wish it to be considered as a basis for repayment.								Amount per Month \$	i	
	Nearest Relative (Not Living With You)			Mother's Maiden Name			Home Phone	1	Relationship		
	Last Name			First		T	Middle		Social Security Numb	ber	
ANT ant, this ed for an	Date of Birth	No. of Depe	ndents	Home Phone		Cell Phone ( )	Laur	Own Rent Oth	1 1		
PLC oint applic not requir	Current Address  Previous Address (if less than 2 years at present address)			City			State	Zip Code	How Long (yrs)		
CO-APPLICANT Intended for joint applicant, this information is not required for an individual account.	Employer	City	Self Employed		State Work Phone	Zip Code	How Long (yrs)  Date Employed				
Oinform Information	Address		☐ Yes ☐ No  Mother's Maiden Na	ame	Position/Occupa	ation	Monthly Gross Income	2 \$			
	Name and Address of Cre	Which Account is Carried		Account Number	· ·		Monthly Payment	, ,			
INF( ditional ecessary	Home Mortgage/Rent	alto!	TION ACCOUNT IS CAMED		7.000diff (Vallis)	<u> </u>	Balanco	Monany raymone			
CREDIT INFO Attach Additional Sheets if Necessary	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/W 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.										
	Applicant Signature  Date  Co-Applicant Signature  Upon approval, I wish to transfer my present balance on the credit card account(s) listed below to my new credit card account.								Date		
TRANSFER OF BAL REQUEST	□ Credit Card Account Number Amount to be transferred \$										
\$ <u>o</u> #	Signature										
SI S	MasterCard® Account No.  Date Approved  Credit Line  Approved By  Approved By  Approved By  Metairie Bank, 3344 Metairie Road, Metairie, LA 70001										
FES	Date Approved			Credit Line			Approved By				
All conter	nts accurate at the tim	ne of printing, but su	bject to chang	ge. 				airie Bank, 3344 Me	tairie Road, Metairie, L <i>F</i>	A 70001	
Rates a	and Interest Charg	es M	asterCard® P	latinum							
	Percentage	1	6.99%								
Rate (APR) for Purchases  This APR will vary with the market based on the Prime Rate.											
APR for	Balance Transfers		16.99%								
This APR will vary with the market based on the Prime Rate.											
	Cash Advances		16.99% This APR will vary with the market based on the Prime Rate.								
	APR and When it A	11	None								
How to Avoid Paying Interest on Purchases			Your due date is at least 25 days after close of each billing cycle. We will not charge you interest on purchases if you pay entire balance by the due date each month.								

Minimum Interest Charge If you are charged interest, the charge will be no less than \$0 To learn more about factors to consider when applying for or using a credit card, visit the website For Credit Card Tips from the Federal Reserve Board of the Consumer Financial Protection Bureau at: https://www.consumerfinance.gov/learnmore Annual Fee None **Transaction Fees** Either \$5.00 or 3% of the amount of each transfer, whichever is greater (maximum fee: \$999). • Balance Transfer Either \$10.00 or 4% of the amount of each transfer, whichever is greater (maximum fee: \$999). Cash Advances Up to 2% of each transaction in U.S. dollars. • Foreign Transaction Penalty Fees Up to \$15.00 if the minimum payment required is not received within 10 days after the closing date of the Late Payment payment due date • Over-the-Credit Limit NÓNE Returned Payment Up to \$25.00