

CREDIT APPLICATION PAGE 1 OF 2

Virginia Credit Union, Inc. P.O. Box 90010, Richmond, VA 23225-9010

VACU Account Number

Please indicate the type of credit requested:

- Vehicle Loan (see below) Credit Card (see below) Personal Loan
 Line of Credit Loan Amount/Limit Requested \$ _____

Repayment Options:

- Payroll Deduction Automatic Transfer from checking
 Cash/Check ACH (for Personal & Vehicle loan types only)

Credit Card Request Visa® Platinum Card Visa® Gold Rebate Card Limit increase Credit limit requested \$ _____

Send 10 transfer checks to pay off other lenders

Sign me up for automatic payments from checking account # _____

Amount to transfer (check one) Minimum Payment Due Last Statement Balance Fixed Amount of \$ _____ (must be at least minimum payment due)

Complete this section if you want cards issued to additional users and for whose charges you will be responsible.

First Name _____ Middle Initial _____ Last Name _____

First Name _____ Middle Initial _____ Last Name _____

Please see important disclosures on the back for credit card rates, terms and other information.

Vehicle Loan Request New Car Purchase Used Car Purchase Refinance Boat RV Motorcycle Offer title to vehicle for Personal Loan

Make _____ Model _____ Year _____ Mileage _____ Purchasing from Dealer Yes No

Seller's/Lender's Name _____ Seller's/Lender's Mailing Address _____

Purchase Price (if a refinance, payoff amount) \$ _____ If a refinance, your acct. # _____ Number Monthly Payments Desired _____

STATEMENT OF INTENT Check the coverages desired. Virginia Credit Union will disclose the cost of this voluntary insurance to you. A separate insurance election disclosing the terms and conditions must be signed for coverage to become effective. Not available for credit cards.

- Credit Disability Insurance Single Credit Life Insurance Joint Credit Life Insurance

Member Applicant / Borrower Information		
Check one box to indicate the type of application for credit that you are submitting. <input type="checkbox"/> Individual credit <input type="checkbox"/> Joint Credit <input type="checkbox"/> Individual credit w/ a Guarantor		
First Name	Middle Initial	Last Name
Home Phone () () ()	Birth Date / /	Social Security Number
Street Address		
City, State, Zip		How long at this residence? years months
Residence <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Live with others <input type="checkbox"/> Other \$		Monthly Residence Payment
Value of Real Estate Owned \$		Balance Owed \$
Current Employer		Business Phone () () ()
Position	Hire Date / /	Gross Annual Income \$
Other Income* \$	Source	
Previous Employer	Time Employed	Position
Name of nearest relative not living with you		Phone () () ()

Joint Applicant or Guarantor Information		
You will be liable for the entire debt. Check one box to indicate your Applicant status. <input type="checkbox"/> Joint—You will share in or benefit from the loan proceeds. <input type="checkbox"/> Guarantor—You will not share in or benefit from the loan proceeds.		
First Name	Middle Initial	Last Name
Home Phone () () ()	Birth Date / /	Social Security Number
Street Address		
City, State, Zip		How long at this residence? years months
Residence <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Live with others <input type="checkbox"/> Other \$		Monthly Residence Payment
Value of Real Estate Owned \$		Balance Owed \$
Current Employer		Business Phone () () ()
Position	Hire Date / /	Gross Annual Income \$
Other Income* \$	Source	
Previous Employer	Time Employed	Position
Name of nearest relative not living with you		Phone () () ()

* Income from alimony, child support, or separate maintenance need not be revealed if you do not choose to disclose it as income.

All statements are submitted for the purpose of obtaining credit and are certified to be true, complete and correct. You authorize us to obtain consumer reports in connection with this application for credit and for any update, renewal or extension of credit received. You authorize us to check your employment history, and if applicable, your vehicle insurance information with any applicable party and you authorize such parties to release to us, any and all information about their experience with you. You understand we will retain this application whether or not it is approved. For credit card requests, you agree to abide by the terms and conditions that are sent to you with the card(s), and the operating procedures governing all Visa accounts as applicable; and that regardless of the type of credit card or credit limit you request, you agree that Virginia Credit Union reserves the right to offer you the type of credit card and credit limit for which you qualify. Each person signing this application agrees to be jointly and severally responsible for payment of the debt or account. In the event civil collection of my/our account becomes necessary, you consent to venue in the courts in the City of Richmond, VA.

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW LOAN ACCOUNT: Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens a loan account. 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.

X	_____
Member Applicant / Borrower Signature	Date

X	_____
Joint Applicant or Guarantor Signature	Date

CREDIT APPLICATION **PAGE 2 OF 2**

Virginia Credit Union, Inc. P.O. Box 90010, Richmond, VA 23225-9010

VACU Account Number

Transfer balances from other lenders to my VACU credit card

Please make an advance on my new VACU credit card and pay these other lenders.

Amount \$ _____	Amount \$ _____
Loan or credit card # _____	Loan or credit card # _____
Send Payment to (Name/Address) _____	Send Payment to (Name/Address) _____
_____	_____
_____	_____
Amount \$ _____	Amount \$ _____
Loan or credit card # _____	Loan or credit card # _____
Send Payment to (Name/Address) _____	Send Payment to (Name/Address) _____
_____	_____
_____	_____

Virginia Credit Union will not be responsible for any finance charges or late fees accrued from other institutions if payments are not received by the institution's statement due date. Call (804) 323-6800 or (800) 285-6609 with any questions or if you wish to transfer additional credit account balances to your Virginia Credit Union credit card.

Credit Card Disclosures		
ANNUAL PERCENTAGE RATE (APR)* for purchases	Visa Gold Rebate Card	10.99%, 11.99% or 12.99%
	All Others	8.99%, 9.99%, 10.99%, 13.99%, 16.99% or 19.99%
APR for cash advances and balance transfers	Same as for purchases	
Grace period for repayment of balance for purchases	25-days	
Method of computing balances for purchases	Average daily balance (including new purchases)	
Annual fee	None	
Minimum finance charge	None	
Transaction fee for purchases	None	
Transaction fee for cash advances and balance transfers	None	
Late payment fee	\$20.00	
Over-the-credit-limit fee	\$20.00	
*Which APR you receive is based on our internal credit criteria, including a review of your application and consumer report. Annually we will re-evaluate your credit information based on our internal credit criteria and at such time, your APR is subject to decrease or increase. If your APR changes, you will be notified at least 45 days prior to such change. Information is accurate as of 10/03/08; to find out what may have changed, call (804) 323-6800 or toll-free (800) 285-6609, or write to us at VACU, P.O. Box 90010, Richmond, VA 23225-9010.		