

# APPLY/UPGRADE TO THE NEW & IMPROVED SMW PLATINUM REWARDS VISA TODAY!

## Exclusively for SMW Members

**Act Now!** Complete the application below and mail to: Credit Card Operations, P.O. Box 310136, Tampa, FL 33680 or FAX to 866.519.9021  
Please refer to the enclosed Credit Card Application and Solicitation Disclosure for important rate, fee and other cost information.

Please complete the information below and sign to apply for the SMW Platinum Rewards VISA

_____ First Name Initial Last Name	_____ Social Security Number	_____ Date of Birth
_____ Street Address	_____ City, State, ZIP	_____ Telephone
_____ Monthly Housing Payment	_____ Specify if you rent/own/other	_____ Gross Annual Employment Income
_____ Are you self-employed? Yes/No	_____ Employer/Source of Income	_____ Length of Employment
_____ Position	_____ Are you a U.S. Citizen? Yes/No	_____ Length at Residence

By signing below, you acknowledge and agree to the terms of the Credit Card Application and Solicitation Disclosure and the Disclosures included with this Acceptance and that everything you have stated in this application is correct to the best of your knowledge; you authorize the credit union to obtain credit reports or to verify information in connection with this application for credit and for any update, renewal or extensions of credit received. The information you provide on this application enables us to verify your identity as required by Federal law. Federal law requires that we collect income information to determine your ability to pay. Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repayment. This form is not transferable and must be signed by the person to whom it is addressed. **By signing this Certificate, you agree that your use of the credit card issued by SMW FCU constitutes your agreement to and acknowledgement of receipt of the credit card agreement and disclosures included with the credit card. You grant us a security interest in all individual and joint share and/or deposit accounts you have with us now and in the future to secure your credit card account. When you are in default, you authorize us to apply the balance in these accounts to any amounts due. Shares and deposits in an Individual Retirement Account, and any other account that would lose special tax treatment under state or federal law if given as security, are not subject to the security interest you have given in your shares and deposits.**

Choose Reward Type:  Cash Back  ScoreCard® Rewards Points

\_\_\_\_\_  
Your signature

\_\_\_\_\_  
Date

Please complete and sign the following information if you would like a joint application

_____ First Name Initial Last Name	_____ Social Security Number	_____ Date of Birth
_____ Street Address	_____ City, State, ZIP	_____ Telephone
_____ Monthly Housing Payment	_____ Specify if you rent/own/other	_____ Gross Annual Employment Income
_____ Are you self-employed? Yes/No	_____ Employer/Source of Income	_____ Length of Employment
_____ Position	_____ Are you a U.S. Citizen? Yes/No	_____ Length at Residence

By signing below, you acknowledge that you are at least 21 years of age and you agree to the terms of the Credit Card Application and Solicitation Disclosure and the Disclosures included with this Acceptance and that everything you have stated in this application is correct to the best of your knowledge and you authorize the credit union to obtain credit reports or to verify information in connection with this application for credit and for any update, renewal or extensions of credit received. The information you provide on this application enables us to verify your identity as required by Federal law. Federal law requires that we collect income information to determine your ability to pay. Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repayment. **By signing this Certificate, you agree that your use of the credit card issued by SMW FCU on constitutes your agreement to and acknowledgement of receipt of the credit card agreement and disclosures included with the credit card. You grant us a security interest in all individual and joint share and/or deposit accounts you have with us now and in the future to secure your credit card account. When you are in default, you authorize us to apply the balance in these accounts to any amounts due. Shares and deposits in an Individual Retirement Account, and any other account that would lose special tax treatment under state or federal law if given as security, are not subject to the security interest you have given in your shares and deposits.**

We intend to apply for joint credit.  Member's initials  Joint Applicant's initials

\_\_\_\_\_  
Joint Applicant Signature

\_\_\_\_\_  
Date

Transfer High Rate Balances and Save with No Transaction Fees

### Important Information:

- Please allow 15 days for us to process your transfer of balance.
- Please continue making monthly payments on your credit cards until transfer of balance appears on your issuer account statement.
- Total amount of balance transfer should not exceed available credit.
- Transfer of balance will be treated as a cash advance and the check will be mailed directly to issuer.
- Any remaining balance on a transferred account is the cardholders' responsibility (i.e. finance charges, late charges, overlimit fees, insurance, etc.)
- **Questions? Please call us at 1.866.519.9022.**

Issuer Name \_\_\_\_\_  
Issuer Address \_\_\_\_\_  
Card # \_\_\_\_\_  
Approximate Payoff Balance \$ \_\_\_\_\_