

Here's a Card packed with value.

Now you can carry an AHCU VISA card with all the prestige you're looking for without paying an annual fee!



In addition, you'll get free travel insurance plus a generous credit line.

That's why we say every AHCU Card is lined with silver! While you enjoy the prestige, take advantage of the real benefits an AHCU credit card offers. Apply for yours today!

* APR is annual percentage rate. Quoted rate is in effect 6/04 and is subject to change.

** Cash advance accrue interest from the date the advance is made.

ST. PAUL OFFICE
360 Sherman Street • B-10
St. Paul, MN 55102
Phone: (651) 241-8233
Fax: (651) 241-5068

COON RAPIDS OFFICE
4050 Coon Rapids Blvd.
Coon Rapids, MN 55433
Phone: (763) 236-3600
Fax: (763) 236-7004

MINNEAPOLIS OFFICE
2545 Chicago Ave. South
Suite G6
Minneapolis, MN 55404
Phone: (612) 813-6050
Fax: (612) 813-6052

**INTERNET ACCESS/
ACCESS ONLINE**
<http://www.ahcu.org>

**HEARTLINE 24-HOUR
TOUCHTONE SERVICE**
(763) 236-7000

FRIDLEY OFFICE
550 N.E. Osborne Road
Fridley, MN 55432
Phone: (763) 236-3600
Fax: (763) 236-3603

LOANS BY PHONE
1(877) 778-1170

Truth-in-Lending Disclosure

Annual Percentage Rate	<p>VISA GOLD 11.9%</p> <p>■ Periodic rate used to compute the finance charge is 0.99166% per month.</p> <p>VISA CLASSIC 12.9%</p> <p>■ Periodic rate used to compute the finance charge is 1.0750% per month.</p>
Grace Period	Purchases – 25 days from billing cycle closing date. Cash advances accrue interest from the date the advance is made.
Method of Computing the Balance	Average Daily Balance Method (Including current transactions).
Annual Fee	None
Minimum Finance Charge	None
Transaction Fees for Purchase	None
Other	<p>Over the Limit Fee – \$20</p> <p>Returned Payment Fee – \$25</p> <p>Cash Advance Fee – None</p> <p>Late Payment Fee – \$20</p> <p>Copy of Charge Slip Fee – None</p> <p>Replacement Card Fee – \$15</p>

VISA APPLICATION

VISA APPLICATION

VISA Gold Request Limit (Max \$10,000)
Amount Requested _____

VISA Classic Request Limit (Max \$5,000)
Amount Requested _____

The information about the costs of the card described in this application is accurate as of 6/04. This information may have changed since that date. To find out what may have changed, call or write to us at the location listed in this application.

APPLICANT FIRST NAME _____ MI _____ LAST NAME _____ JR./SR. _____

DATE OF BIRTH _____ SOCIAL SECURITY NO. _____ NO. OF DEPENDENTS _____

STREET ADDRESS _____ APT NO. _____ HOME PHONE _____

CITY _____ STATE _____ ZIP CODE _____

HOW LONG AT CURRENT ADDRESS: YEARS _____ MONTHS _____ DO YOU: OWN RENT

PREVIOUS STREET ADDRESS _____ APT. NO. _____

CITY _____ STATE _____ ZIP CODE _____

HOW LONG AT PREVIOUS ADDRESS: YEARS _____ MONTHS _____

**INCOME VERIFICATION REQUIRED: PLEASE ENCLOSE A COPY OF YOUR MOST RECENT PAYSTUB.
IF SELF-EMPLOYED, PLEASE ENCLOSE A COPY OF YOUR MOST RECENT 1040 TAX FORM.
PLEASE SEE INCOME REQUIREMENT STATED BELOW FOR OUR VISA GOLD PROGRAM.**

NAME OF CURRENT EMPLOYER _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____ WORK PHONE _____

HOW LONG WITH EMPLOYER: YEARS _____ MONTHS _____ OCCUPATION OR JOB TITLE _____

CURRENT GROSS MONTHLY SALARY \$ _____

NAME OF PREVIOUS EMPLOYER _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____ WORK PHONE _____

HOW LONG WITH EMPLOYER: YEARS _____ MONTHS _____

TOTAL MONTHLY CREDIT PAYMENTS: RENT/MORTGAGE \$ _____ AUTO & CREDIT CARDS \$ _____

CHILD SUPPORT \$ _____ OTHER LOANS \$ _____

**OTHER INCOME (INCOME FROM ALIMONY, CHILD SUPPORT, OR MAINTENANCE
PAYMENTS DOES NOT HAVE TO BE DISCLOSED UNLESS YOU WANT TO HAVE SUCH
INCOME CONSIDERED AS A BASIS FOR REPAYMENT OF A CREDIT REQUEST**

\$ _____ SOURCE _____

CO-APPLICANT FIRST NAME _____ MI _____ LAST NAME _____ JR./SR. _____

DATE OF BIRTH _____ SOCIAL SECURITY NO. _____ NO. OF DEPENDENTS _____

STREET ADDRESS _____ APT NO. _____ HOME PHONE _____

CITY _____ STATE _____ ZIP CODE _____

HOW LONG AT CURRENT ADDRESS: YEARS _____ MONTHS _____ DO YOU: OWN RENT

NAME OF CURRENT EMPLOYER _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____ WORK PHONE _____

HOW LONG WITH EMPLOYER: YEARS _____ MONTHS _____ OCCUPATION OR JOB TITLE _____

CURRENT GROSS MONTHLY SALARY \$ _____

TOTAL MONTHLY CREDIT PAYMENTS: (MORTGAGE, AUTO, CREDIT CARDS, CHILD SUPPORT) \$ _____

This statement is submitted to obtain credit and I (we) certify that all information herein is true and complete. I (we) understand approval for an AHCU VISA GOLD Card is conditional upon my (our) having a minimum verifiable annual income of \$35,000 or net verifiable assets of at least \$100,000. I (we) also authorize the credit union to verify or obtain further information the credit union may deem necessary concerning my (our) credit standing. If this application is approved and a Visa card(s) issued, the undersigned applicant(s) by signing, using or permitting another to use the Visa card(s) agree(s) that the applicant(s) will be bound by the terms and conditions listed on the Visa card agreement sent to me with my card.

APPLICANT'S SIGNATURE _____ DATE _____ CO-APPLICANT'S SIGNATURE _____ DATE _____

X _____ **X** _____