

Alaska USA Visa Platinum Credit Card Application

Alaska USA account number:

I am not currently a member. Please process my application and, if approved, send me the materials to join Alaska USA.

This request is for: New Visa Platinum account Secured Visa Credit limit increase (Visa account number):

Important information about procedures for opening a new account

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. To comply with this requirement, please complete the following information prior to opening your account.

Applicant (please print)

I intend to apply for joint credit

First name	Initial	Last name
Marital status: <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated		
Mailing address <input type="checkbox"/> Check here if your address has changed	Time at address Yrs. Mo.	
City	State	ZIP code
Physical address (if different than mailing address)	Evening telephone	
Former address (if at current address less than 2 years)	Time at address Yrs. Mo.	
Social Security Number	Date of birth	
E-mail address	Cell phone	
Government issued ID (driver's license, military ID, state ID) Type: Number: State/country: Exp. date:		
Current employer	How long?	Work telephone
Position/grade	Gross monthly salary \$	ETS PCS
Former employer and position	How long?	

Co-applicant (please print)

I intend to apply for joint credit

Do not complete this section if this application is for Individual Unsecured Credit

First name	Initial	Last name
Marital status: <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated		
Mailing address <input type="checkbox"/> Check here if your address has changed	Time at address Yrs. Mo.	
City	State	ZIP code
Physical address (if different than mailing address)	Evening telephone	
Social Security Number	Date of birth	
E-mail address	Cell phone	
Government issued ID (driver's license, military ID, state ID) Type: Number: State/country: Exp. date:		
Current employer	How long?	Work telephone
Position/grade	Gross monthly salary \$	ETS PCS
Former employer and position	How long?	

Sources of additional income (rent, stock, retirement, etc.)

Income received from child support, alimony or maintenance is optional information furnished only if you desire this income to be considered in evaluating your application.

Applicant

Type of other income	Monthly amount \$
----------------------	----------------------

Co-applicant

Type of other income	Monthly amount \$
----------------------	----------------------

Liabilities

Applicant & co-applicant

Rent or mortgage (include association fees)	Monthly payment \$
Vehicle insurance (circle one: 1 3 6 9 12 month)	Monthly payment \$

Applicant & co-applicant

Alimony/child support	Monthly amount \$
Child care	Monthly amount \$

Signatures

I/We hereby authorize anyone to release credit information concerning myself/ourselves to Alaska USA Federal Credit Union. This authorization is given to enable Alaska USA to evaluate my/our request for credit. I/We certify that all statements are true and complete, and are submitted for the purpose of obtaining credit. Verification may be obtained from any source named in the application and from any credit reporting agency.

Applicant's signature	Date
-----------------------	------

Co-applicant's signature	Date
--------------------------	------

Optional Payment Protection

Your purchase of protection under the Alaska USA Payment Protection Plan (hereinafter referred to as the "Program") is voluntary and will not be considered in whether to grant credit.

We will give you additional information upon receipt of your enrollment form. This information will include a copy of the Alaska USA Payment Protection Plan Contract (the "Contract") which contains the terms and conditions of your protection under the Program. There are eligibility requirements, conditions, and exclusions that could prevent you from receiving benefits under the Program. You should carefully read the Contract for a full explanation of the terms and conditions of your protection under the Program.

Within 30 days of receiving the Contract, you may cancel the protection and any fee paid by you will be returned. After the initial 30 days, you may cancel your protection at any time.

PROGRAM FEE: The cost per \$1,000 of the monthly outstanding loan balance is \$2.25. If the outstanding loan balance is greater than \$100,000, the rate will not be applied to the amount that exceeds \$100,000.

ELIGIBILITY: You are eligible for the Program if you are a borrower on the loan and under age 70 on the effective date of protection. A co-signer or guarantor is not eligible for protection. The Program protects the first two borrowers listed on the lending agreement.

EFFECTIVE DATE OF PROTECTION: The effective date of protection means the later of the date you enrolled in the Program option, the date your protection under the Program is reinstated, or the date of the advance. (**Advance** means each extension of credit we provide to you under a loan.)

You elect: Loss of Life & Disability Protection
(check only one box) No protection

Your signature means that: Your election will remain in effect, according to the terms of the Contract, unless subsequently modified. You authorize the Program fee to be added to your outstanding balance each month. You understand that your protection under the Plan is subject to the terms and conditions of the Contract.

Applicant signature

Date

Co-applicant signature

Date

DC16600216CC-01

AKUSA 02347 R 11/05

AlaskaUSA

Fax or mail this application, bring it to a branch,
or apply online or by phone 24/7!

Fax: 786-2833

or (800) 786-2833 outside Anchorage

Mail: P.O. Box 196613

Anchorage, Alaska 99519-6613

Online: www.alaskausa.org

Phone: 563-4567 or

(800) 525-9094 outside Anchorage