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BUSINESS REPLY MAIL

FIRST - CLASS MAIL PERMIT NO. 23 WAYNE NJ

POSTAGE WILL BE PAID BY ADDRESSEE

FIRST JERSEY CREDIT UNION
ONE CORPORATE DRIVE
WAYNE NJ 07470-9924



YOUR FIRST CHOICE

Visa Platinum

- No Annual Fee
- No Cash Advance Fee
- Debt Protection
- Travel Accident Insurance
- Plus many more benefits



When you use the First Jersey Credit Union Credit Card for the purchase of goods or services, the following benefits are yours!

- ✓ CardCentives Premium
- ✓ Warranty Manager Service
- ✓ Travel Accident Insurance
- ✓ Concierge Services
- ✓ Price Protection
- ✓ Personal Identity Theft
- ✓ Auto Rental Collision Damage Waiver
- ✓ Purchase Security and Extended Protection
- ✓ Emergency Accident and Sickness Medical (and Dental)
- ✓ Visa USA Travel Accident Insurance Program

Plus One Rewards Program

Earn plus one rewards on every purchase made with your First Jersey Credit Union Credit Card. For more details about plus one rewards, see one of our friendly member representatives.

Credit Disclosures

Annual Percentage Rate (APR) for Purchases	Visa Platinum Prime + 2.5%, Prime +3.5%, Prime +4.5% Rates are based on your credit worthiness
Other APR's	Cash advance APRs: Visa: Prime + 2.5%, Prime + 3.5%, Prime + 4.5%
Variable Rate Information	Your APR may vary. The rates are determined monthly by adding 2.5%, 3.5% or 4.5% to the prime rate. Variable Rates have a floor of 7% & a ceiling of 18% or maximum rate allowed by law.
Grace period for Repayment of Balances on Purchases	25 Days on average
Method of Computing the Balance for Purchases	Average Daily Balance (excluding new purchases)
Minimum Finance Charge	\$25 or 2%, whichever is greater
Balance Transfer	3% of transfer amount
Late Payment Fee	\$25 after 5 days delinquent
Over the Credit Limit Fee	\$25
Return Payment Fee	\$30 Return Check or ACH

*The Prime Rate used to determine your APR is the rate published in the Wall Street Journal.

The information about the costs of the card described in this application is accurate as of August 1st 2008. This information may have changed after that date. To find out what may have changed, write us at One Corporate Drive, Wayne, NJ 07470.

CREDIT APPLICATION

Credit Limit Requested \$ _____

Check Account Choice:
(Signature required for joint application)

-
- Individual Account
-
-
- Joint Account _____
-
-
- Credit Limit Increase

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. What this means for you: 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.

APPLICANT

Note: all applicable sections should be filled out completely to avoid delay in processing your application.

Last Name		First		Middle		Social Security Number	
Date of Birth	No. of Dependents	Home Phone ()	Cell Phone ()	Own <input type="checkbox"/>	Rent <input type="checkbox"/>	Other <input type="checkbox"/>	Monthly Payment \$
Current Address		City		State		Zip Code	
Email Address							
Mailing Address (if different from above)		City		State		Zip Code	
Previous Address (if less than 2 years at present address)		City		State		Zip Code	
Employer	Self Employed <input type="checkbox"/> Yes <input type="checkbox"/> No	Work Phone ()				Date Employed	
Address	Position/Occupation						Monthly Gross Income \$
Name and Address of Previous Employer (if less than 2 years at present employer)						How Long (yrs)	
Sources of Additional Income: income from alimony, child support or separate maintenance need not be revealed if it is not to be considered in determining credit worthiness.						Amount per Month \$	
Nearest Relative (Not Living With You)		Home Phone				Relationship	
Their Address		City		State		Zip Code	

CO-APPLICANT

Information about a co-applicant is not required for an individual account.

Last Name		First		Middle		Social Security Number	
Date of Birth	No. of Dependents	Home Phone ()	Cell Phone ()	Own <input type="checkbox"/>	Rent <input type="checkbox"/>	Other <input type="checkbox"/>	Monthly Payment \$
Current Address		City		State		Zip Code	
Previous Address (if less than 2 years at present address)		City		State		Zip Code	
Employer	Self Employed <input type="checkbox"/> Yes <input type="checkbox"/> No	Work Phone ()				Date Employed	
Address	Position/Occupation						Monthly Gross Income \$

CREDIT INFORMATION

Attach Additional Sheet if Necessary.

Name and Address of Creditor	Name Under Which Account is Carried	Account Number	Balance	Monthly Payment
1. Home Mortgage/Rent				
2. Bank Credit Card/Bank Name and Address				

SECURITY INTEREST

I understand that a security interest is a condition for a VISA credit card and I give First Jersey Credit Union a security interest in all shares now or hereafter on deposit (except IRA), up to the outstanding balance due on the VISA credit card. If I default under the terms of this agreement, I authorize First Jersey Credit Union to apply such funds to the payment of my credit card.

X

Applicant Signature _____ Date _____ Co-Applicant Signature _____ Date _____

SIGNATURE(S)

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/We 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 applicants' use. If this is a joint application, the undersigned shall be jointly and severally liable for any and all credit extended from time to time.

X

Applicant Signature _____ Date _____ Co-Applicant Signature _____ Date _____

TRANSFER OF BALANCE REQUEST

Upon approval, I wish to transfer my present balance on the credit card account(s) listed below to my new credit card account.

 Credit Card Account Number _____ Amount to be transferred \$ _____

Signature _____

FOR INTERNAL USE ONLY

Account No.	DATE APPROVED	CREDIT LINE	APPROVED BY
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FOLD AND SECURE WITH TAPE FOR MAILING (8/08)