



Better banking. Higher purpose.

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CONSUMER VISA CREDIT CARD/LIMIT INCREASE APPLICATION

Please complete electronically, or if printed use black ink only.

Membership with AdelFi is a requirement before a credit card can be opened.

I AM APPLYING FOR A: (CHECK ONLY ONE BOX): NEW VISA GOLD EVERYDAY CASH BACK CREDIT CARD CREDIT LIMIT INCREASE \$ REQUESTED NEW LIMIT AMOUNT

1) APPLICANT CITIZENSHIP STATUS: U.S. CITIZEN PERMANENT RESIDENT

NAME (FIRST, MIDDLE, LAST) DATE OF BIRTH SOCIAL SECURITY NUMBER
EMAIL ADDRESS MOBILE PHONE NUMBER WORK PHONE NUMBER
HOME ADDRESS (street address only. No P.O. Box) CITY STATE ZIP/POSTAL CODE COUNTRY
OCCUPANCY: OWN WITH MORTGAGE OWN FREE & CLEAR RENT GOVERNMENT QUARTERS LIVE WITH PARENTS OTHER
LENGTH OF RESIDENCE PREVIOUS ADDRESS (IF AT CURRENT HOME ADDRESS LESS THAN ONE YEAR)

2) ADDITIONAL CARDS AUTHORIZED USER (must be 16 years of age or older). All cards are mailed to the Primary address. Note: This section not required if applying for limit increase.

NAME (FIRST, MIDDLE, LAST) DATE OF BIRTH SOCIAL SECURITY NUMBER
X AUTHORIZED USER SIGNATURE DATE

3) EMPLOYMENT INFORMATION

EMPLOYMENT STATUS ACTIVE MILITARY EMPLOYED GOVERNMENT/DOD HOMEMAKER OWNER RETIRED
RETIRED MILITARY SELF-EMPLOYED STUDENT UNEMPLOYED OTHER

PROFESSION/JOB TITLE EMPLOYER NAME SUPERVISOR NAME
EMPLOYER ADDRESS LENGTH OF EMPLOYMENT YEARS IN PROFESSION
PREVIOUS EMPLOYER NAME AND ADDRESS (IF WITH CURRENT EMPLOYER LESS THAN TWO YEARS)

4) FINANCIAL INFORMATION

\$ GROSS MONTHLY INCOME(1) COMMENTS REGARDING INCOME
\$ TAX EXEMPT(3) \$ TAX EXEMPT(3)
OTHER INCOME(2) DESCRIPTION OTHER INCOME(2) DESCRIPTION
EXPENSES \$ MONTHLY MORTGAGE(4) OR RENT PAYMENT ALIMONY CHILD SUPPORT

5) SIGNATURE (PLEASE READ BEFORE SIGNING)

I hereby apply for the credit card account or credit limit increase indicated on the basis of the foregoing information. I certify that the information furnished is complete and correct. You may verify any of this information. I certify that I am 18 years of age or older, and that any authorized user is 16 years of age or older. I understand that from time to time, you may receive information from others and you will answer questions from others seeking the credit history of my account. The original or a copy of this application will be retained by AdelFi even if the credit card or credit limit increase is not granted.

I promise to repay AdelFi all sums advanced on the Visa credit card(s) issued under this application, according to the Visa terms and disclosures I will receive prior to the first transaction on the account. The use of the card(s) will certify my agreement to those terms. (For fee information, refer to the Consumer Credit Card Terms and Conditions.) I agree to changes in the terms and conditions if I continue to use the account 45 days after you give notice of the change.

I acknowledge receipt of and agree to the Consumer Credit Card Terms and Conditions.

X APPLICANT'S SIGNATURE DATE

X CO-APPLICANT'S SIGNATURE (CREDIT LIMIT INCREASE ONLY) DATE

(1) The total amount of money received from employment salary and wages before taxes. Do NOT include any commission, interests, bonuses, rental, child support, or other source of monthly income.
(2) The amount of money received from non-employment salary and wages, i.e., commissions, interests, bonuses, rental income, child support, or any other source of monthly income.
(3) e.g., Social Security Benefits
(4) If you have more than one mortgage payment, please specify only your primary mortgage payment.