First & Farmers National Bank MasterCard® Consumer Application

	Masteroa	u Consui	пог друп	Jacion	
PLEASE CHOO	SE CARD TYPE:	World Card and	d Preferred Po	oints Card Lov	w Rate Card
☐ WE INTEND TO APP	LY FOR JOINT CREDIT	Γ:(Applicant Init	ials)(0	Co-Applicant Initials)
IMPORTANT INFORMATION ABOUT laundering activities, Federal law requirements what this means for you: When you. We may also ask to see your drivemarked wisconsin, combine your financial informaccount. Married Wisconsin residents to TIB-The Independent BankersBank	res all financial institutions ou open an account, we wi er's license or other identify applying for an individual ac irmation with your spouse's must furnish their (the ap	to obtain, verify, ar Il ask for your nam ing documents. count or a joint ac s financial informat plicant's) name an	nd record informate, address, date account with some tion. You underst ad social security	ation that identifies each of birth, and other information one other than your spand that we may be re-	h person who opens an account. ormation that will allow us to identify couse, and your spouse also lives in equired to notify your spouse of this
☐ Please check this box if you would prefer to	receive a Visa card.				
基本的基本的 生物	a bushina da kabupatén	APPLICA	NT	生物的类型	新春 枝在 1100000000000000000000000000000000000
LAST NAME	FIRST NAME		MIDDLE INITIAL	MOTHE	R'S MAIDEN NAME (For Security Purposes
STREET ADDRESS	CITY		STATE	ZIP CODE	YEARS AT ADDRESS
BIRTH DATE / /	SOCIAL SEC	CURITY NUMBER	-copyrights)	HOME PHONE	□ OWN □ RENT
PREVIOUS STREET ADDRESS	CITY		STATE	ZIP CODE	YEARS AT ADDRESS
NAME OF EMPLOYER OR SOURCE OF INCOME	POSITION C	R TITLE	.2308-8888	BUSINESS PHONE	NO. OF YEARS
GROSS MONTHLY INCOME*	OTHER INC	OME*	GE COVIER	SOURCE OF OTHER INC	OME
*ALIMONY, CHILD SUPPORT OR SEPARATE MA	AINTENANCE INCOME NEED NO	T BE REVEALED IF YO	OU DO NOT WISH IT	TO BE CONSIDERED AS A	BASIS FOR REPAYING THIS OBLIGATION.
	CO-APPLICA				
Complete the following questions about your or are requesting an authorization for a user the income or assets of another person, com	of the Account, provide informa				
NAME OF CO-APPLICANT/SPOUSE/AUTHORIZE	ED USER		BIRTH DATE		SOCIAL SECURITY NUMBER
BUSINESS EMPLOYER OR SOURCE OF INCOM	TE GROSS MC	NTHLY INCOME*		OTHER INCOME*	SOURCE OF OTHER INCOME
*ALIMONY, CHILD SUPPORT OR SEPARATE MA	AINTENANCE INCOME NEED NO	T BE REVEALED IF YO	DU DO NOT WISH IT	TO BE CONSIDERED AS A	BASIS FOR REPAYING THIS OBLIGATION.
		SIGNATU	RES		
LOAN APPLICATION CERTIFICATION: Everything the will retain it whether or not this application is appli		tion is correct to the be	est of my/our knowled	dge. I/We understand that th	is application will remain your property and yo
This application is submitted to obtain credit. You you to make inquiries (including requesting repor connection with any extension of credit, update, requested a credit report and the names and add I/We understand that you may report information	ts from consumer credit reporting enewal, review or collection of my/resses of any credit bureaus that	g agencies and other s 'our account or for any o provided you such repor	ources) to verify my/other legal purpose. If the state of	our identity and determine n I understand that, on my/our ze you to release information	ny/our eligibility for credit, and subsequently request, you will tell me/us whether or not you to others about my/our credit history with you
STATE LAW DISCLOSURES: <u>CA Residents</u> : Regard this account to the extent of any credit limit set by charges not in excess of those permitted by law (1-800-518-8866) to obtain a comparative listing all creditworthy customers, and that credit report <u>Married WI residents</u> : No provision of a marital prothe creditor, prior to the time the credit is granted	y the creditor, and each applicant will be charged on the outstanding of credit card rates, fees, and gra ing agencies maintain separate co operty agreement, a unilateral stat	may be liable for all am g balances from month ce periods. OH Residen redit histories on each ement under section 76	ounts of credit extend to month. NY Resider ts: The Ohio laws aga individual upon reque 66.59, or a court decr	led under this account to any tts: New York residents may o ainst discrimination require the ist. The Ohio Civil Rights Cor- ee under section 766.70 adv	r joint applicant. <u>DE and MD Residents</u> ; Servic contract the New York State Banking Department all creditors make credit equally available mmission administers compliance with this lawersely affects the interest of the creditor unless
SIGNATURE OF APPLICANT	DATE			-APPLICANT (if applicable)	DATE
X	/	/	X		/ /
		INTERNAL US	SE ONLY		Minter Committee of the
BANK # 4584				EMPLOYEE ((Not to exceed 5 or numeric charac	alpha
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CL	CDS	DT		E	3Y