



1ST SUMMIT BANK

Member FDIC

888-262-4010 | www.1stsummit.bank

Member FDIC | Equal Housing Lender

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Personal VISA Credit Card

First Name:	Last Name:
Submitted on:	

PERSONAL VISA® CREDIT CARD DISCLOSURE

Applicant

How much money are you looking to borrow? (required)

Last Name

First Name

Middle Initial

Phone Number

Email Address

Birth Date

Social Security Number

Applicant Address

Address Line 1

Address Line 2

City

State

ZIP Code

Years at Current Address

Own

Rent

Driver's License No.

Issue Date

Expiration Date

Previous Address within Last 2 Years	Address Line 1		
	Address Line 2		
	City	State	ZIP Code

Name and address of landlord/mortgage holder	Monthly rent or mortgage payment
_____	_____

Employed by	Phone number/ext.	Monthly gross income	Position	Number of years
_____	_____	_____	_____	_____

Employer Address	Address Line 1		
	Address Line 2		
	City	State	ZIP Code

Previous Employment if less than 6 months	Position	Number of years
_____	_____	_____

Have you declared bankruptcy in the last 10 years?	<input type="radio"/> Yes <input type="radio"/> No
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If yes, where?	_____
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Source of Other Income	_____
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Co-Applicant

Last Name	First Name	Middle Initial
_____	_____	_____

Phone Number	Email Address	Birth Date	Social Security Number
_____	_____	_____	_____

Co-Applicant Address	Address Line 1		
	Address Line 2		
	City	State	ZIP Code

Years at Current Address	_____
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<input type="checkbox"/> Own <input type="checkbox"/> Rent

Driver's License Number	Issue Date	Expiration Date
_____	_____	_____

Employed by	Phone Number/Ext.	Monthly Gross Income	Position	Number of Years
_____	_____	_____	_____	_____

Employer Address	Address Line 1			
	Address Line 2			
	City	State	ZIP Code	
_____	_____	_____	_____	_____

Previous Employment if less than 6 months	Position	Number of Years
_____	_____	_____

Have you declared bankruptcy in the last 10 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If yes, where?	_____
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Source of other income	_____
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Bank Accounts (required)	Name of Bank Account	Bank Address
	_____	_____
	_____	_____

Checking Account #	Savings Account #	Loan
_____	_____	_____

<p>I/We represent that all statements made by me/us in this application are true and correct. I/We authorize 1ST SUMMIT BANK to exchange credit information with others in connection with this application. I/We understand that the use of this line of credit is subject to terms and conditions as determined by the Bank from time to time. THE Account Disclosure containing such terms and conditions will be provided to me/us after this application is approved. (required)</p>	
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By typing your name below, you are signing this application electronically. You agree that your electronic signature is the legal equivalent of your manual signature on this application. (required)

Applicant (required)	Please type name below. _____	Date of Application _____
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Co-Applicant (required)	Please type name below. _____	Date of Application _____
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