



One Family, Helping Another
Member FDIC | Equal Housing Lender

[Privacy Statement](#)
[Return to main website](#)

FSB Credit Card Application

First Name:	Last Name:
-------------	------------

This application can only be accepted from current Flanagan State Bank customers. If you are not currently a customer, we'd be happy to help! Just give your local branch a call for more information.

Important Information about Procedures for Opening a New Account

Identification Procedures Requirements: 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. You must be a current Flanagan State Bank customer in order to apply for a Flanagan State Bank credit card.

Security Notice:

You should ONLY fill out this form on-line if you are using a browser with the latest security enhancements. If you don't have the latest version, download a copy now. This form is NOT cached (saved in your computer's memory) when you QUIT your browser.

Application Disclosure:

Read the Flanagan State Bank credit card application disclosure by [clicking here before applying.](#)

Financial

Annual Income** (required) <i>**Alimony, child support, or separate maintenance income need not be included if you do not wish to have it considered as a basis for repaying this obligation.</i>	
Monthly Housing Cost (required)	
Housing Status (required)	<input type="radio"/> Own <input type="radio"/> Rent <input type="radio"/> Other
If your Housing Status is "other" please explain below	
If you own, does your Monthly Housing Cost include taxes and insurance?	<input type="radio"/> Yes <input type="radio"/> No

Personal Information

Type of Application	<input type="radio"/> Individual Applicant <input type="radio"/> Joint Applicant
---------------------	-------------------------------------------------------------------------------------

First Name	Middle	Last Name
_____	_____	_____

Social Security Number	Date of Birth	Mother's Maiden Name
_____	_____	_____

Physical Street Address (required)	Address Line 1 _____ Address Line 2 _____ City _____ State _____ ZIP Code _____
-------------------------------------------	---------------------------------------------------------------------------------------------

Mailing Address If different than current address	Address Line 1 _____ Address Line 2 _____ City _____ State _____ ZIP Code _____
----------------------------------------------------------	---------------------------------------------------------------------------------------------

Mobile Phone* (required) <i>* When you give us your cell phone number, we have your permission to contact you at that number about your Flanagan accounts. Your consent allows us to use text messaging, phone calls and voice messages for informational and account service calls, but not telemarketing calls. Message and data rates may apply. You may contact us to change this permission at any time.</i>	
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

Home Phone	_____
-------------------	-------

Employment

Employer Name	Occupation
_____	_____

Work Phone	Month/Year Employment Began
_____	_____

Joint Application or Authorized User - Part Two

	<input type="radio"/> Joint: This person is also applying for credit and will be responsible for repayment. <input type="radio"/> Authorized User: This person is provided a card, but with no legal responsibility. An Authorized User is not reported to the Credit Bureau.
--	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

First Name	Middle	Last Name
_____	_____	_____

Social Security Number	Date of Birth	Mother's Maiden Name
_____	_____	_____

Physical Street Address	Address Line 1 _____		
	Address Line 2 _____		
	City _____	State _____	ZIP Code _____

Mailing Address If different than current address	Address Line 1 _____		
	Address Line 2 _____		
	City _____	State _____	ZIP Code _____

Mobile Phone* <i>* When you give us your cell phone number, we have your permission to contact you at that number about your Flanagan accounts. Your consent allows us to use text messaging, phone calls and voice messages for informational and account service calls, but not telemarketing calls. Message and data rates may apply. You may contact us to change this permission at any time.</i>			
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	--	--

Home Phone	_____		
-------------------	-------	--	--

Joint or Authorized User Employment Information

Employer Name	Occupation
_____	_____

Work Phone	Month/Year Employment Began
_____	_____

Joint Applicant Financial Info - Only complete this portion if applying for joint credit

Joint Applicant Annual Income** <i>**Alimony, child support, or separate maintenance income need not be included if you do not wish to have it considered as a basis for repaying this obligation.</i>	
Joint Applicant Monthly Housing Cost	
Joint Applicant Housing Status	<input type="radio"/> Own <input type="radio"/> Rent <input type="radio"/> Other:
If you own, does your Monthly Housing Cost include taxes and insurance?	<input type="radio"/> Yes <input type="radio"/> No
Type Name to Electronically Sign Application - Main/Individual Applicant (required) <i>By entering your full name into this field and submitting the complete form, you are signing this application.</i>	
Type Name to Electronically Sign Application - Joint Applicant <i>By entering your full name into this field and submitting the complete form, you are signing this application.</i>	
Applicant(s) Statement I/we certify that everything I/we have stated in this Credit Application and on any other documents submitted to you are true and correct to the best of my/our knowledge. I/we understand that I/we must update the information contained in this Credit Application if either my/our financial condition materially changes or you make a request to me/us orally or in writing. I/we certify that I/we have read and agree to the Application Disclosure and the Program Terms and Conditions. I/we understand that Flanagan State Bank will retain the Credit Application whether or not it is approved. I/we authorize Flanagan State Bank to request one or more consumer reports, to check and verify my/our credit and employment history, and to answer questions others may ask Flanagan State Bank about your credit experience with me/us.	
(required)	<input type="checkbox"/> I/We AGREE with the above statement