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Hamilton State Bank  
PO Box 249  
Braselton, GA 30517 - 0005

PERSONAL CREDIT CARD



Bank with  
Confidence.

**BUILDING A SUCCESSFUL FINANCIAL PLAN** takes the right resources. That's why we work hard to provide you with quality financial services and products. Like our convenient, flexible Visa® Credit Card . It's accepted at thousands of locations worldwide for just about any type of purchase you can dream up. And, unlike those big out-of-town institutions, our card comes with the personal, friendly service you've come to expect from us. So, whatever your plans, choose the credit card that gives you all the value and buying power you need to get your projects off the drawing board. **Apply for yours today!**



**MAIN OFFICE - BRASELTON**

1907 Highway 211 | Hoschton, GA 30548

We are proud to serve you.

For more locations visit us at

[HamiltonStateBank.com](http://HamiltonStateBank.com)

[Support@HamiltonStateBank.com](mailto:Support@HamiltonStateBank.com)

Telebanc: 877.527.2716

Customer Support Center: 770.967.5090

**When you use the...**



**Visa® Credit Card for the purchase of goods or services, the following benefits are yours!**

#### **Travel Accident Insurance**

You, your spouse and dependent children up to age 19 (age 25 if a full-time student at any institute of higher learning) are automatically covered with common carrier travel accident insurance every time you travel by air, bus, train, ship, taxi, or any other common carrier anywhere in the world when you charge your entire fare to our card. This coverage is provided to you at NO EXTRA COST.

#### **Extended Warranty**

On purchases made in full using our credit card, the extended warranty program doubles the U.S. manufacturer's warranty period and extends the coverage up to one additional year for warranties of one to five years (some exclusions apply).

#### **Scorecard® Bonus Points**

Earn Bonus Points for every net retail purchase you make with our Hamilton State Bank Credit Card! You can redeem Bonus Points for brand-name merchandise and exciting travel awards. Visit [www.scorecardrewards.com](http://www.scorecardrewards.com) and browse the current award selections. You'll be amazed at what ScoreCard® has to offer! To find out how the plan works, ask one of our friendly representatives.

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Member FDIC.

Interest Rates and Interest Charges		<b>VISA</b>
<b>Annual Percentage Rate (APR) for Purchases</b>	<b>APR=8.50%</b> This APR will vary with the market based on the Prime Rate <sup>1</sup>	
<b>APR for Balance Transfers</b>	<b>0.00%</b> Introductory APR for the first 12 Billing Cycles. After that period, your APR will equal <b>8.50%</b> This APR will vary with the market based on the Prime Rate <sup>1</sup>	
<b>APR for Cash Advance</b>	<b>APR=18.50%.</b> This APR will vary with the market based on the Prime Rate <sup>2</sup>	
<b>Penalty APR and When it Applies</b>	<b>APR=29.00%</b> if you make a late payment. This APR may be applied to your account if you: 1) Make a late payment or 2) Go over your credit limit or 3) Make a payment that is returned. <b>How Long Will the Penalty APR Apply?:</b> If your APRs are increased for any of these reasons, the Penalty APR will apply until you make six consecutive minimum payments when due starting with the first payment due following the effective date of the increase.	
<b>How to Avoid Paying Interest on Purchases</b>	Your due date is at least <b>25</b> days after the close of each billing cycle. We will not charge you interest on retail purchases if you pay your entire balance by the due date each month. We will begin charging interest on cash advances and/or balance transfers on the transaction date.	
<b>Minimum Interest Charge</b>	None	
<b>For Credit Card Tips from the Consumer Financial Protection Bureau</b>	To learn more about factors to consider when applying for or using a credit card, visit the web site of the Consumer Financial Protection Bureau at <a href="http://www.consumerfinance.gov/learnmore">http://www.consumerfinance.gov/learnmore</a> .	
<b>Annual Fee</b>	No Annual Fee	
<b>Transaction Fees</b>	<ul style="list-style-type: none"> <li>• Balance Transfer: Up to <b>\$5.00</b> or <b>3.0%</b> of the amount transferred, whichever is greater.</li> <li>• Cash Advances: Up to <b>\$5.00</b> or <b>3.0%</b> of the amount advanced, whichever is greater.</li> <li>• Foreign Transaction: <b>1%</b> of the Transaction Amount.</li> </ul>	
<b>Penalty Fees</b>	<ul style="list-style-type: none"> <li>• Late Payment: Up to <b>\$35.00</b></li> <li>• Over-the-Credit Limit: Up to <b>\$35.00</b> - This fee is applied when a balance is <b>2.0%</b> or more over the limit.</li> <li>• Returned Payment: Up to <b>\$35.00</b></li> </ul>	
<b>Other Fees</b>	<ul style="list-style-type: none"> <li>• Express Delivery Fee: <b>\$25.00</b></li> </ul>	

<sup>1</sup> The prime rate used to determine your APR is the rate published in the Wall Street Journal on the first day of the prior month; current Prime Rate as of 2/1/16 is 3.50%. Rate for Purchases and Balance Transfers (after the Introductory Period) is Prime Rate +5.00%.

<sup>2</sup> The Prime Rate used to determine your APR is the rate published in the Wall Street Journal on the first day of the prior month; current Prime Rate as of 2/1/16 is 3.50%. Rate for Cash Advances is Prime Rate plus 15%.

**Loss of Introductory APR:** We may end your introductory APR and apply the Penalty APR if you make a late payment.  
**How We Will Calculate Your Balance:** We use a method called "average daily balance" (including new purchases). \* An explanation of this method is provided in your Account Agreement.  
**Billing Rights:** Information on your rights to dispute transactions and how to exercise those rights is provided in your Account Agreement.

<b>CREDIT APPLICATION</b>		<b>Check Account Choice:</b> (Signature required for joint applicant)		<input type="checkbox"/> Individual Account <input type="checkbox"/> Joint Account (see co-applicant and signatures section) <input type="checkbox"/> Credit Line Increase				
Credit Limit Requested \$ _____		<b>Visa®</b>						
Check Card Choice <input type="checkbox"/> Visa® Gold		<input type="checkbox"/> MasterCard® (Increase Only)						
<b>IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT:</b> To help the government fight the funding of terrorism and money laundering activities, Federal laws require all financial institutions to obtain, verify and record information that identifies each person who opens an Account. What this means to 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.								
<b>APPLICANT</b> <small>Note: All applicable sections should be filled out completely to avoid delay in processing your application.</small>	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	How Long (yrs)		
	Mailing Address (if different from above)		City	State	Zip Code	How Long (yrs)		
	Previous Address (if less than 2 years at present address)		City	State	Zip Code	How Long (yrs)		
	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)		
	Source of Additional Income: Income from alimony, child support or separate maintenance need not be revealed if it is not considered in determining creditworthiness					Amount per Month \$		
	Nearest Relative (Not Living With You)				Home Phone ( )	Relationship		
<b>CO-APPLICANT</b> <small>Intended for joint applicant, this information is required for an individual account.</small>	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	How Long (yrs)		
	Previous Address (if less than 2 years at present address)		City	State	Zip Code	How Long (yrs)		
	Employer	Self Employed <input type="checkbox"/> Yes <input type="checkbox"/> No		Work Phone ( )		Date Employed		
	Address		Position/Occupation			Monthly Gross Income \$		
<b>CREDIT INFO</b> <small>Attach Additional Sheets if Necessary</small>	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								
<b>Privacy Notice</b> By signing, you consent to receive your paper Privacy Notice after your account has been opened. If you would like to review our Privacy Notice, you may do so at <a href="http://www.HamiltonStateBank.com">www.HamiltonStateBank.com</a> .								
<b>SIGNATURES</b>	<b>PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING:</b> 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 Policy of Hamilton State Bank. I/We agree to be bound by the terms and conditions of the applicants' agreement, a copy of which will be mailed to the applicants if this application is granted, receipt of such agreement and acceptance of such terms to be conclusively presumed by the applicant's use. If you intend to apply for joint credit, the undersigned shall be jointly and severally liable for any and all credit extended from time to time. We may report information about your account to the credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.							
	X	Applicant Signature _____		Date _____	X	Co-Applicant Signature _____		Date _____
<b>TRANSFER OF BAL REQUEST</b>	Upon approval, I wish to transfer my present balance on the credit card account(s) listed below to my new credit card account.							
	<input type="checkbox"/> Credit Card Account Number _____		Amount to be transferred \$ _____					
Signature _____								
<b>FOR INTERNAL USE ONLY</b>	Account No.		Loan Officer			Referred		
	Date Approved	Credit Line	Approved By	Date Approved	Credit Line	Approved By		

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