



San Francisco Office  
 One Post Street, Suite 1825  
 San Francisco, CA 94104-5201  
 (415) 983-8920 • FAX (415) 983-8850  
 (800) 528-4301

# LOAN APPLICATION

APPLICANT ACCOUNT NUMBER	CO-APPLICANT ACCOUNT NUMBER	DATE
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If You are applying for joint credit, secured credit or if You live in a community property state (AZ, CA, ID, LA, NM, NV, TX, WA, WI, Puerto Rico) please complete the following:

Married  Separated  Unmarried (Includes Single, Divorced and Widowed)

Please check if You are applying for:  Joint Credit  Individual Credit

**Definitions.** Whenever used in this application, the words "You" or "Your" refer to the applicant(s), and the words "We", "Us", and "Our" refer to the Lender.

**Optional Credit Insurance Desired (see reverse side):**

Single Life  Joint Life  Disability  None

**TYPE OF CREDIT APPLIED FOR:** \_\_\_\_\_

Amount Applied For: \$ \_\_\_\_\_

Purpose \_\_\_\_\_

VISA Classic  VISA Gold No. of Cards \_\_\_\_\_

Collateral Offered \_\_\_\_\_

**\*If You are applying for a Credit Card, please refer to the important Credit Card Disclosure located on the reverse side.**

**Method of Payment:**

Automatic Transfer from Account # \_\_\_\_\_

Coupons

**Desired Length of Repayment (mos):** \_\_\_\_\_

Applicant				Co-Applicant			
Name		Birthdate		Name		Birthdate	
Present Address (Street)		No. of Years	E-mail Address	Present Address (Street)		No. of Years	E-mail Address
City, State, Zip		D/L Number		City, State, Zip		D/L Number	
Home Telephone ( ) ( )	Work Telephone ( ) ( )	Cell Phone ( ) ( )	Social Security Number	Home Telephone ( ) ( )	Work Telephone ( ) ( )	Cell Phone ( ) ( )	Social Security Number
Previous Address (Complete if present address is less than three years)				Previous Address (Complete if present address is less than three years)			
No. of Yrs.				No. of Yrs.			
Name, Address and Telephone of Nearest Relative Not Living With You				Name, Address and Telephone of Nearest Relative Not Living With You			
Years Known				Years Known			

**Employment and Income.** If self-employed or retired, attach financial statement or income tax returns. Alimony, child support, or separate maintenance income need not be revealed if You do not choose to have it considered as a basis for this credit request.

Employer's Name		Employer's Telephone ( ) ( )		Employer's Name		Employer's Telephone ( ) ( )	
Employer's Full Address				Employer's Full Address			
Position		Supervisor	Years Employed	Position		Supervisor	Years Employed
Pay Frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly		Monthly Gross Income		Pay Frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly		Monthly Gross Income	
<input type="checkbox"/> Other				<input type="checkbox"/> Other			
Other Income Source:		Amount \$		Other Income Source:		Amount \$	
Previous Employer/Position (Complete if current less than three years)			Years Employed	Previous Employer/Position (Complete if current less than three years)			Years Employed

**Assets and Deposits.** Attach a separate sheet if necessary.

Type	Bank (or other) Name & Address				Type	Bank (or other) Name & Address			
<input type="checkbox"/> Checking					<input type="checkbox"/> Checking				
<input type="checkbox"/> Savings					<input type="checkbox"/> Savings				
<input type="checkbox"/> Other					<input type="checkbox"/> Other				
Automobile	Year	Make	Model	Amount Owed \$	Automobile	Year	Make	Model	Amount Owed \$

**Credit Information.** Please list all open accounts with or without a balance. Attach separate sheet if necessary. **A = Applicant B = Co-Applicant C = Debts to be paid off if loan is granted**

Please Check			Name of Creditors List all obligations including McKesson Employees' Federal Credit Union Loans	Account Number	Asset Value	Monthly Payment	Balance Owed
A	B	C					
			1. <input type="checkbox"/> Rent: <input type="checkbox"/> Mortgage: Estimated Value \$ _____ Landlord/Mortgage Holder:				
			2. Auto Payment:				
			3.				
			4.				
			5.				

## Signatures

You warrant the truth of all of the information contained herein and You realize that it will be relied upon by Us in deciding whether or not to grant the credit applied for. You hereby authorize Us, Our employees and agents to investigate and verify any information provided to Us by You. If this application is for any Feature Category contained in Our Credit Line Account program, You agree and understand that if approved, You are contractually liable according to the applicable terms of the Credit Line Account Agreement and Disclosure. You will receive a copy of that Agreement no later than the time of Your first credit advance and You promise to pay all amounts charged to Your Account according to its terms. If this is a joint application, You agree that such liability is joint and several. You authorize Us to accept Your facsimile signatures on this application and agree that Your facsimile signature will have the same legal force and effect as Your original signature. You assume any risk that may be associated with permitting Us to accept Your facsimile signature. **If You are issued a Credit Card, by signing below, You grant and consent to a lien on Your shares with Us (except IRA and Keogh Accounts) and any dividends due or to become due to You from Us to the extent You owe on any unpaid Credit Card balance.**

*You hereby acknowledge Your intent to apply for joint credit*

\_\_\_\_\_ *Applicant's Initials* \_\_\_\_\_ *Co-Applicant's Initials*

**X** SIGNATURE OF APPLICANT DATE \_\_\_\_\_ **X** SIGNATURE OF CO-APPLICANT DATE \_\_\_\_\_

**\*IMPORTANT VISA CREDIT CARD DISCLOSURES** The following disclosure represents important details concerning Your Credit Card. The information about costs of the Card are accurate as of July 1, 2004. You can call Us at (415) 983-8920 or write Us at McKesson Employees' Federal Credit Union, One Post Street, Suite 1825, San Francisco, CA 94104-5201, to inquire if any changes have occurred since the effective date.

Annual Percentage Rate (APR) For Purchases, Cash Advances and Balance Transfers	Grace Period for Repayment of Balances for Purchases	Method of Computing the Balance for Purchases	Annual Fees FINANCE CHARGE	Over Limit Fee Late Charge
Secured VISA Classic <b>15.00%</b> ; VISA Classic <b>10.50% - 14.50%</b> <sup>(3)</sup> ; VISA Gold <b>9.90%-13.90%</b> <sup>(3)</sup>	25 days	Average Daily Balance (including new purchases)	VISA Classic \$10.00 <sup>(1)</sup> VISA Gold \$20.00 <sup>(1)</sup>	\$10.00 <sup>(2)</sup> \$10.00 <sup>(4)</sup>

- (1) waived for any renewal period in which at least 3 purchases or cash advances are made
- (2) per billing cycle in which You exceed Your Credit Limit
- (3) subject to Our underwriting guidelines
- (4) per payment 10 or more days past due

**OPTIONAL CREDIT INSURANCE (except for Credit Cards)**

An appropriate application/disclosure will be furnished at the time Your credit is approved.

**You must CHECK ONE OR MORE of the boxes below.**

You are interested in Credit Disability Insurance – single coverage     You are interested in Credit Life Insurance – single coverage  joint coverage   
 You are not interested in Credit Insurance

**INFORMATION FOR GOVERNMENT MONITORING PURPOSES**

**NOTICE: Complete only if this is a Home Improvement Loan, or if You are applying to purchase or refinance a dwelling.** The following information is requested by the Federal Government for certain types of loans related to a dwelling in order to monitor the lender's compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may discriminate neither on the basis of this information nor on whether you choose to furnish it. If you furnish the information please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, under Federal regulations, this lender is required to note the information on the basis of visual observation or surname. If you do not wish to furnish the information, please check the box below.

Applicant:  You do not wish to furnish this information  
 Ethnicity:  Hispanic or Latino     Not Hispanic or Latino  
 Race:  American Indian or Alaska Native     Asian  
        Black or African American     White  
        Native Hawaiian or Other Pacific Islander  
 Sex:  Female     Male

Co-Applicant:  You do not wish to furnish this information  
 Ethnicity:  Hispanic or Latino     Not Hispanic or Latino  
 Race:  American Indian or Alaska Native     Asian  
        Black or African American     White  
        Native Hawaiian or Other Pacific Islander  
 Sex:  Female     Male