

Important Cost Information
Concerning the Cards

Interest Rates and Interest Charges	
Annual Percentage Rate (APR) for Purchases	VISA and MasterCard Platinum Rewards: 13.9% VISA and MasterCard Platinum Rewards (Standard APR) The Standard APRs will vary with the market based on the Prime Rate.
APR for Balance Transfers	VISA and MasterCard Platinum Rewards: 13.9% VISA and MasterCard Platinum Rewards (Standard APR) The Standard APRs will vary with the market based on the Prime Rate.
APR for Cash Advances	VISA and MasterCard Platinum Rewards: 13.9% VISA and MasterCard Platinum (Standard APR) The Standard APRs will vary with the market based on the Prime Rate.
How To Avoid Paying Interest On Purchases	Your due date is at least 25 days after the close of each billing cycle. We will not charge you interest on purchases if you pay your entire balance by the due date each month.
For Credit Card Tips from the Federal Reserve Board	To learn more about factors to consider when applying for or using a credit card, visit the website of the Federal Reserve Board at http://www.federalreserve.gov/creditcard .

Fees	
Annual Fee	None
Transaction Fees •Foreign Transaction	Up to 1% of each transaction in U.S. dollars
Penalty Fees •Late Payment •Returned Payment	Up to \$25 Up to \$30

How We Will Calculate Your Balance: We use a method called "average daily balance (including new purchases)."

The information about the costs of the card described in this application is accurate as of 10/10. This information may have changed after that date. To find out what may have changed, call us at (409) 948-8541, (800) 392-3813 (TX), or (800) 231-6053 (US) or write to us at AMOCO Federal Credit Union, P.O. Box 889, Texas City, TX 77592-0889.

Mailing Address
P.O. Box 889
Texas City, TX
77592-0889

Phone Numbers
PH 409.948.8541
TX 800.392.3813
US 800.231.6053

Locations
Texas City
2300 Texas Ave.

Bay Colony
3350 Cross Colony @ I-45 S

Santa Fe
4120 FM 1764

Tuscan Lakes
1692 E. League City Pkwy. (SH 96)

Friendswood
235 E. Parkwood Ave. (FM 528)

www.amocofcu.org



REV 10/10



Rewards2U Credit Card Application



Primary Applicant Information

Credit Limit Requested	# of Cards	Select Card Choice <input type="checkbox"/> MasterCard Platinum <input type="checkbox"/> VISA Platinum Select (one) Reward Choice <input type="checkbox"/> Cash Rewards <input type="checkbox"/> Travel/Merchandise Rewards		
Last Name, First Name, Middle Initial		Social Security #	Date of Birth	Member Number
Street Address/Mailing Address		Home Phone	Own Rent <input type="checkbox"/> <input type="checkbox"/>	Monthly Pmt. \$
Previous Address		Driver's License #	# of Dependents	Child Support Pmt. \$
Present Employer	Address	Position	Start Date	Work Phone
Previous Employer	Address	Position	Start Date	End Date
Notice: Income from alimony, child support, or maintenance, if any and if applicable, does not have to be revealed if you do not choose to have it considered.			Gross Monthly Income \$	Other Income \$
Name and address of nearest relative not living with you:			Mother's Maiden Name	
Complete if: You live in a community property state (AK, AZ, CA, ID, LA, NM, NV, TX, WA, WI) or you are applying for joint credit: <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated				

Joint Applicant Information (Co-Borrower)

By checking this box I am applying as a Joint Applicant (Co-Borrower).

Last Name, First Name, Middle Initial		Social Security #	Date of Birth	Member Number
Street Address/Mailing Address		Home Phone	Own Rent <input type="checkbox"/> <input type="checkbox"/>	Monthly Pmt. \$
Previous Address		Driver's License #	# of Dependents	Child Support Pmt. \$
Present Employer	Address	Position	Start Date	Work Phone
Previous Employer	Address	Position	Start Date	End Date
Notice: Income from alimony, child support, or maintenance, if any and if applicable, does not have to be revealed if you do not choose to have it considered.			Gross Monthly Income \$	Other Income \$
Name and address of nearest relative not living with you:			Mother's Maiden Name	
Complete if: You live in a community property state (AK, AZ, CA, ID, LA, NM, NV, TX, WA, WI) or you are applying for joint credit: <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated				

By signing below, you promise that everything you have stated in this application is correct to the best of your knowledge. If there are any important changes you will notify us in writing immediately. You authorize the Credit Union to obtain credit reports in connection with this application for credit and for any update, increase, renewal, extension, or collection of the credit received. You understand that the Credit Union will rely on the information in this application and your credit report to make its decision. If you request, the Credit Union will tell you the name and address of any credit bureau from which it received a credit report on you. It is a federal crime to willfully and deliberately provide incomplete or incorrect information on loan applications made to federal credit unions or state chartered credit unions insured by NCUA. You understand that the use of your card will constitute acknowledgement of receipt and agreement to the terms of the credit card agreement. Rewards option not eligible for annual interest refunds or promotional pricing.

PLEASE SEE FOLLOWING REVERSE SIDE FOR IMPORTANT DISCLOSURES CONTAINING RATE, FEE, AND OTHER COST INFORMATION CONCERNING THIS CARD.

Primary Applicant's Signature	Date	Joint Applicant	Date
X		X	

Credit Insurance Application/Schedule Coverage underwritten by CUNA Mutual Insurance Society - Madison, WI 53701-0391 - 800.937.2644

"You" or "Your" means the member and the joint insured (if applicable). The joint insured may only be spouses or business partners. Credit insurance is voluntary and not required in order to obtain this loan. You may select any insurer of your choice. You can get this insurance only if you check the "yes" box below and sign your name and write in the date. By signing below you certify that: (a) If you elect insurance, you authorize the credit union to add the charges for insurance to your loan each month, (b) You are working for wages or profit for 25 hours a week or more on the date of the initial advance. If you are not, that particular advance will not be insured until you return to work and complete an application for insurance. If you are off work because of temporary layoff, strike or vacation, but soon to resume, you will be considered at work, (c) For Credit Life Insurance, if you are not actively at work on the date of the initial advance, you have not, at any time during the twelve (12) months immediately preceding the date of the initial advance, received a medical diagnosis or any care or treatment for cancer, high blood pressure or for any disease of the heart, lungs or blood vessels, (d) You are under the Maximum Age for Insurance. Insurance will stop when you reach that age.

NOTE: The insurance you're applying for contains certain terms and exclusions; Refer to your certificate for coverage details.

YOU ELECT THE FOLLOWING INSURANCE COVERAGE(S)	YES	NO	COST PER \$100 OF YOUR MONTHLY LOAN BALANCE	COVERED MEMBER (PLEASE PRINT)
SINGLE CREDIT DISABILITY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$.201	
SINGLE CREDIT LIFE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$.066	
JOINT CREDIT LIFE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$.099	

If you are totally disabled for at least 14 days, then the disability benefit will begin with the 15th day of disability.	INSURANCE MAXIMUMS		DISABILITY	LIFE
	Group Policy Number 042-1162-0	Account Number	MAX. MONTHLY TOTAL DISABILITY BENEFIT PER LOAN MAX. AMOUNT OF LOAN INSURABLE PER LOAN MAX. AMOUNT OF LOAN INSURABLE PER MEMBER MAX. AGE FOR INSURANCE	\$ 750.00 \$ 50,000 N/A 66

Members Date of Birth: Age:	Joint Insured's Date of Birth: Age:	Secondary Beneficiary (if you desire to name one)
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X		X	
Signature of Member <i>(Be sure to check one of the boxes above and sign even if you select "NO")</i>	Date	Signature of Joint Insured (Co-Borrower) <i>(Only required if JOINT Credit Life Coverage is selected)</i>	Date
APP825-0892 TX (3.53RA)			

Balance Transfer Request

Filling out this section will authorize us to use your AMOCO Federal Credit Union credit card for a cash advance to pay the balances on your existing high-interest credit card(s). Please enclose a copy of your most recent statement(s) of the credit card(s) you wish to pay off. The payoff transaction(s) can only be completed if this is included. If transfer information you provide is incomplete, the Credit Union will not be able to process the transfer request.

CARD ISSUER	ACCOUNT NUMBER	PAYMENT ADDRESS
CITY/STATE	ZIP	\$ AMOUNT TO TRANSFER
CARD ISSUER	ACCOUNT NUMBER	PAYMENT ADDRESS
CITY/STATE	ZIP	\$ AMOUNT TO TRANSFER
CARD ISSUER	ACCOUNT NUMBER	PAYMENT ADDRESS
CITY/STATE	ZIP	\$ TRANSFER

Terms and Conditions: This transaction will take place only if you are approved for an AMOCO credit card. Remember, you will only be able to pay off the balance(s) up to your AMOCO credit card limit. While the Credit Union can pay your accounts directly, the Credit Union can not close them for you. If you wish to close any of the transfer accounts, you must do so yourself. Interest on cash advances accrues from the date of the transaction posting. Please allow up to 60 days for application processing. You are responsible for keeping your other credit card balance(s) current until the Credit Union disburses payoff(s). The Credit Union is not responsible for any remaining balance on that account, or for any finance or other charges you incur due to delays in transferring a balance. Balance transfers are excluded from rewards program and promotional pricing.

By signing I authorize the Credit Union to pay on my behalf each balance or portion of balance I have designated. I have read the terms and conditions of this transfer request.

MEMBER #	NAME (PLEASE PRINT)	SIGNATURE	DATE
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Credit Union Use Only

<input type="checkbox"/> New Application <input type="checkbox"/> Increase Limit <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Card Limit: \$	Number of Cards:
Reason for Rejection:	Counteroffer:	Loan Officer Signature: Date: