


ALBINA COMMUNITY BANK
THE LOOP VISA™ CARD CREDIT APPLICATION

Check appropriate box:

- I am applying for an individual account in my own name and am relying on my own income or assets as the basis for repayment.
- I am applying for a joint account or any account that another person will use. We intend to apply for joint credit.

Applicant _____

Co-Applicant _____

Signature Required

Signature Required

CREDIT CARD REQUEST: No Annual Fee Annual \$60 Fee with ScoreCard Benefits (Universal Option Only)

Amount \$ **JOIN THE LOOP OF GIVING:** *At no cost to you, Albina will donate a percentage of your purchases to your favorite local cause. Please choose your cause:*

- Cause: Education Health/Social Services The Arts
 Environment Economic Development Universal - *Donation is spread across all five areas*

APPLICANT PERSONAL INFORMATION: *Note: All applicable sections should be filled out completely, if not, processing of your application may be delayed.*

Name		Date of Birth	Tax ID #/ SSN #	
Home Address			City/State/Zip	How long? years months
Mailing Address (if different than above)			City/State/Zip	Primary Phone Secondary Phone
Type of ID (Dr Lic/Passport/etc.) and Number	Expiration Date	Monthly Housing Payment <input type="checkbox"/> own <input type="checkbox"/> rent \$		E-mail address

Note: Inclusion of alimony, separate maintenance or child support as other income is voluntary and need not be revealed if you do not wish it to be considered. If you choose to include such income, please provide supporting details. If you are responsible for paying alimony, separate maintenance or child support, please include that information with your other obligations.

Monthly Gross Income \$	Other Income \$	Employer and Position	# years	Self employed? <input type="checkbox"/> yes <input type="checkbox"/> no
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CO-APPLICANT PERSONAL INFORMATION: *Note: All applicable sections should be filled out completely, if not, processing of your application may be delayed.*

Name		Date of Birth	Tax ID #/ SSN #	
Home Address			City/State/Zip	How long? years months
Mailing Address (if different than above)			City/State/Zip	Primary Phone Secondary Phone
Type of ID (Dr Lic/Passport/etc.) and Number	Expiration Date	Monthly Housing Payment <input type="checkbox"/> own <input type="checkbox"/> rent \$		E-mail address

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FINANCIAL STATEMENT *(attach additional sheets if necessary)*

Assets:	Owned By	Debts:	Payment:
Checking	\$	Real Estate Loan(s)	\$
Savings	\$	Bank Cards	\$
Real Estate	\$	Installment Loans	\$
Other Assets	\$	Other loans	\$
Total Assets	\$	Total Debts	\$

AUTHORIZATION / SIGNATURE(S)

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING: 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 policies of this institution. I / we agree to be bound by the terms and conditions of the bank card agreement, a copy of which will be mailed to the applicant if this application is granted, receipt of such agreement and acceptance of such terms to be conclusively presumed by the applicant's use. If this is a joint application, 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.

Signature _____ Date _____ Signature _____ Date _____

TRANSFER OF BALANCE REQUEST

Upon approval, I wish to transfer my present balance on the credit card account(s) listed below to my new credit card account.
 Account No. _____ \$ _____ Account No. _____ \$ _____
 Signature _____ A copy of your last Statement(s) must be provided before the transfer(s) can be complete.

For Internal Use Only:		Visa Account No.	
Date Approved	Credit Line	Approved By	Date Ordered
			Ordered By



ALBINA COMMUNITY BANK
Albina Community Bank VISA™ Credit Card Disclosure

Interest Rates and Interest Charges	
Annual Percentage Rate (APR) for Purchases	11.99%
APR for Balance Transfer	11.99%
APR for Cash Advances	11.99%
Paying Interest	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. We will begin charging interest on cash advances and balance transfers on the transaction date.
For Credit Card Tips from Federal Reserve Board	To learn more about factors to consider when applying for or using a credit card visit the website of the federal board at www.FederalReserve.gov/CreditCard
Fees	
Annual Fees	None, or \$60 with Albina's ScoreCard option
Transaction Fees: - Cash Advance - Balance Transfer	4% of the amount of the advance; \$5.00 minimum fee 4% of the amount of the transfer; \$5.00 minimum fee
Penalty Fees - Late Payment - Returned Payment	Up to \$25.00 Up to \$25.00 per item

How will we calculate your balance? The Finance Charges for a billing cycle are computed by applying the monthly Periodic Rate to the "average daily balance" of purchases and cash advances.

Billing Rights: Information on your rights to dispute transactions and how to exercise those rights is provided in your account agreement and monthly account statement.

The information about the cost of the card described in this application is accurate as of January 1, 2012. Because rates and terms are subject to change, please contact us for the current information by calling 1-800-814-6088.

NOTICES

USA Patriot Act-- In accordance with Section 326 of the USA Patriot Act, all persons are subject to identity verification requirements. If you request to open an account (any formal banking relationship including deposits, loans, safe deposits, trusts, etc.) the Bank will request documentary verification of your identity and will perform appropriate background checks.

Outside U.S. Transactions: If you conduct a transaction involving only U.S. dollars with your Albina Visa Credit Card in a country outside of the U.S., Puerto Rico, or the U.S. Virgin Islands, a fee of 0.8% of the transaction amount will be assessed by VISA™. If you conduct a transaction involving multiple currencies, VISA™ will assess a fee of 1.0% of the transaction amount.

MLK Office
2002 NE MLK Jr. Blvd
Portland, OR 97212
503-287-7537

St. Johns Office
8040 N. Lombard Ave.
Portland, OR 97203
503-285-9966

Social Impact Banking Office
430 NW 10th Ave.
Portland, OR 97209
503-445-2150

Rose City Office
5636 NE Sandy Blvd.
Portland, OR 97213
503-445-8700

Beaumont Office
4020B NE Fremont St
Portland, OR 9721:
503-445-8720



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