

BELOW IS A COMPLETE SCHEDULE OF THE FEES AND CHARGES ASSOCIATED WITH OUR MASTERCARD® CREDIT CARD PROGRAM.			
ANNUAL PERCENTAGE RATE FOR PURCHASES, CASH ADVANCES AND BALANCE TRANSFERS	GRACE PERIOD FOR REPAYMENT OF THE BALANCE FOR PURCHASES	METHOD OF COMPUTING THE BALANCES FOR PURCHASES	ANNUAL FEE
9.90%	25 days	Average Daily Balance 1 (excluding new purchases)	- 0 -

FOR CREDIT UNION INTERNAL USE ONLY.
 You are giving a security interest in your share account # _____ with the credit union in the amount of \$ _____. You must maintain this amount in the account at all times during which you have the right to use your card.

OTHER CHARGES: The following other charges will be added to your account, as applicable: a late fee (5 days) of \$10.00; an overlimit fee of \$10.00; a returned check fee of \$20.00; a copy of statement fee \$5.00; sales draft copy fee \$5.00; a card replacement fee \$5.00.
 The information about cost of the card described on this application is accurate as of November 1, 2006. This information may have changed after that date. To find out what may have changed, please call us at (207) 877-9474 or write to us at the address shown on the back of this application.

NOTICE: Married Applicants may apply for a separate account. Check the appropriate box below to indicate the type of credit for which you are applying.
 Individual Credit: Complete Applicant section. Complete other section as follows: Information about the party making the payments if you are relying on alimony, spousal support, child support, or separate/spousal maintenance as a basis for repayment.
 Joint Credit: Provide information about both of you by completing Applicant and Other Applicant sections.

Credit limit requested \$ _____
 Number of Cards desired? 1 2

APPLICANT			
APPLICANT NAME (LAST-FIRST-MIDDLE)		MOTHER'S MAIDEN NAME	
HOME ADDRESS (STREET & NO.)			
CITY, STATE, ZIP			
PREVIOUS HOME ADDRESS		HOW LONG	
HOME PHONE ()	BIRTHDATE	NO. OF DEPENDENTS	AGES
SOCIAL SECURITY NO.		DRIVER'S LICENSE NO.	STATE

<input checked="" type="checkbox"/> CO-APPLICANT <input type="checkbox"/> SPOUSE <input type="checkbox"/> GUARANTOR			
APPLICANT NAME (LAST-FIRST-MIDDLE)		MOTHER'S MAIDEN NAME	
HOME ADDRESS (STREET & NO.)			
CITY, STATE, ZIP			
PREVIOUS HOME ADDRESS		HOW LONG	
HOME PHONE ()	BIRTHDATE	NO. OF DEPENDENTS	AGES
SOCIAL SECURITY NO.		DRIVER'S LICENSE NO.	STATE

NOTICE: ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED.

BUSINESS PHONE ()	GROSS ANNUAL INCOME \$	NET MONTHLY PAY \$
OTHER INCOME \$	SUPERVISOR'S PHONE ()	TITLE OF BUSINESS
CURRENT EMPLOYER	TITLE GRADE RANK	SELF EMPLOYED <input type="checkbox"/> YES <input type="checkbox"/> NO
BUSINESS ADDRESS		
PREVIOUS EMPLOYER	TITLE GRADE RANK	START DATE
PREVIOUS BUSINESS ADDRESS		

BUSINESS PHONE ()	GROSS ANNUAL INCOME \$	NET MONTHLY PAY \$
OTHER INCOME \$	SUPERVISOR'S PHONE ()	TITLE OF BUSINESS
CURRENT EMPLOYER	TITLE GRADE RANK	SELF EMPLOYED <input type="checkbox"/> YES <input type="checkbox"/> NO
BUSINESS ADDRESS		
PREVIOUS EMPLOYER	TITLE GRADE RANK	START DATE
PREVIOUS BUSINESS ADDRESS		

LIST ALL ASSETS AND DEBTS - ATTACH OTHER SHEETS IF NECESSARY.

DEBTS	OWED TO	ADDRESS	ACCOUNT NO.	PRESENT BALANCE	MONTHLY PAYMENTS	MONTH AMT. PAID (YTD)
MORTGAGE OF FIRST			#	\$	\$	\$
SECOND MORTGAGE			#	\$	\$	\$
ALLOANS			#	\$	\$	\$
CREDIT UNION			#	\$	\$	\$
CREDIT CARD			#	\$	\$	\$
CREDIT CARD			#	\$	\$	\$
CHILD SUPPORT ALIMONY OR MAINTENANCE			#	\$	\$	\$
OTHER			#	\$	\$	\$

ASSETS							
LIST ALL OTHER ITEMS YOU OWN (RENT AND CLARON ANOTHER SHEET IF NECESSARY)							
HOME <input type="checkbox"/> OWN <input type="checkbox"/> RENT	YEARS THERE	ESTIMATED MARKET VALUE \$	AUTO (FINANCE)	MAKE OF AUTO	YEAR	MAKE OF AUTO	YEAR
OTHER (DESCRIBE)	MARKET VALUE \$	OTHER (DESCRIBE)	MARKET VALUE \$	OTHER (DESCRIBE)	MARKET VALUE \$		
DO YOU HAVE A CO-MORCHOR OF ANY OTHER LOANS? <input type="checkbox"/> YES <input type="checkbox"/> NO				DO YOU HAVE A CHILDREN? <input type="checkbox"/> YES <input type="checkbox"/> NO			
HOW MUCH? FOR WHOM?				DO YOU HAVE ANY LEGAL PROCEEDINGS AGAINST YOU? <input type="checkbox"/> YES <input type="checkbox"/> NO			

FINANCIAL REFERENCES	
SHARE (NAME OF CHECKING ACCOUNT NUMBER AMOUNT)	
NAME AND ADDRESS OF DEPOSITORY	PHONE
SAVINGS ACCOUNT NUMBER AMOUNT	
NAME AND ADDRESS OF DEPOSITORY	PHONE

PERSONAL REFERENCES	
NAME AND ADDRESS OF NEAREST RELATIVE (NOT LIVING WITH YOU)	RELATIONSHIP
HOME PHONE	
NAME AND ADDRESS OF PERSONAL FRIEND (NOT A RELATIVE)	
HOME PHONE	

Consumer reports (credit reports) may be obtained in connection with this application. If you request, 1) you will be informed whether or not consumer reports were obtained, and 2) if reports were obtained, you will be informed of the names and addresses of the consumer reporting agencies (credit bureaus) that furnished the reports. The credit union is relying on what you stated in this application, and you acknowledge that everything you have stated is true and correct, and that you have provided a COMPLETE listing of all your debts and obligations. By signing below you acknowledge receipt of and agree to the terms of the Mastercard® Credit Card Agreement that was attached to this application when you received it. Detach the Mastercard® Credit Card Agreement and return it for your records.

APPLICANT SIGNATURE	DATE	CO-APPLICANT SIGNATURE	DATE
X		X	
FOR CREDIT UNION USE ONLY	CREDIT LIMIT \$	<input type="checkbox"/> APPROVED	<input type="checkbox"/> REJECTED
MASTERCARD ACCOUNT NO.		LOAN OFFICER	
MEMBER CREDIT UNION ACCOUNT NO.			
COMMENTS/CONDITIONS			
		DATE	

DETACH AND RETURN THIS APPLICATION TO YOUR CREDIT UNION

HF HealthFirst

Federal Credit Union

9 Quarry Road
Waterville, Maine 04901
(207) 877-9474

3 St. Catherine Street
Augusta, Maine 04330
(207) 622-9898

1-800-946-2463
www.healthfirstfcu.org

HEALTHFIRST FCU
9 QUARRY ROAD
WATERVILLE, MAINE 04901

PLACE
STAMP
HERE

DESIGNED
TO BE
DIFFERENT



APPLY TODAY!