



COMMUNITY CREDIT UNION

PO Box 4044
Beaverton, OR 97076-4044
(503) 626-6600 • Fax: (503) 350-0126

CREDIT LINE APPLICATION

MEMBER NUMBER DATE

Applicant Information PRINT OR TYPE ALL INFORMATION
1. Married applicants can apply for individual credit. Indicate if You would like:
2. Definitions: Whenever used in this application, the words "You" and "Your" refer to the Applicant(s) or Spouse/Co-Applicant and the words "We", "Us", and "Our" refer to the Lender ("Rivermark Community Credit Union").

Spouse/Co-Applicant Information
3. Complete Spouse/Co-Applicant Information only if:
a. This is for joint credit with Your Spouse or other Co-Applicant;
b. Your Spouse will use Your Account;
c. You are relying on Your Spouse's income as a source of repayment for the credit requested; or
d. You live in a community property state: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, Wisconsin (or Puerto Rico).

Credit Applied For:
Type of credit Amount Requested \$ Refinanced Amount \$ Total Request \$
Purpose Term Collateral Offered Value: \$

There are costs associated with the use of any Credit Card issued to You by Us. You may request specific information about these costs by contacting Us by telephone at (800) 452-8502 or by writing Us at P.O. Box 4044, Beaverton, OR 97076-4044.

APPLICANT

Form for Applicant details including First Name, Initial, Last Name, Social Security Number, Birthdate, Current Street Address, APT. NO., Years There, City, State, ZIP, County, Drivers License Number/State, Former Address, Home Telephone, No. of Dep., Ages of Dependents, and contact info for nearest relative and personal friend.

SPOUSE/CO-APPLICANT

Form for Spouse/Co-Applicant details including First Name, Initial, Last Name, Social Security Number, Birthdate, Current Street Address, APT. NO., Years There, City, State, ZIP, County, Drivers License Number/State, Former Address, Home Telephone, No. of Dep., Ages of Dependents, and contact info for nearest relative and personal friend.

EMPLOYMENT AND INCOME If self-employed, attach financial statement or income tax returns.

Form for Applicant Employment and Income including Current Employer, Employment Date, Address/City/State/Zip, Work Telephone, Position, Mo. Gross Salary, and Former Employer details.

Form for Spouse/Co-Applicant Employment and Income including Current Employer, Employment Date, Address/City/State/Zip, Work Telephone, Position, Mo. Gross Salary, and Former Employer details.

OTHER INCOME Alimony, child support, or separate maintenance income need not be revealed if You do not choose to have it considered. (Proof Required)

Form for Applicant Other Income including Type of Other Income, Monthly Amount, and Name and Address of Payer.

Form for Spouse/Co-Applicant Other Income including Type of Other Income, Monthly Amount, and Name and Address of Payer.

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

Credit Life and/or Credit Disability Insurance is not required to obtain credit under this plan. PLEASE CHECK ONE OR MORE OF THE BOXES BELOW.
You are interested in Credit Disability Insurance - single coverage joint coverage You are interested in Credit Life Insurance - single coverage joint coverage
You are not interested in Credit Insurance