

## Diablo Valley FCU Credit Card Application

Please print this form, fill it out and fax to **925-771-5601**

General Information	
Will you be applying for Individual or Joint Credit: <input type="checkbox"/> Joint <input type="checkbox"/> Individual	
If applying for joint credit, please sign below to verify that you intend to apply for joint credit	
Applicant:	Co-Applicant:
Marital Status: Complete marital status if this application is for: a. Joint or secured credit, or b. You reside in or rely on property located in a Community Property State. (AZ, CA, ID, LA, NM, NV, TX, WA, WI) <input type="checkbox"/> Unmarried <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> This loan is not for joint or secured credit and I do not live in the states listed above.	
Type of Card Requested:	
Number of Cards Requested:	Limit Requested:
Primary Applicant:	
Last Name:	Member Number:
First Name:	Middle Name:
Social Security Number (TIN):	Date of Birth:
Number of Dependents:	Ages of Dependents:
Home Phone Number:	Work Phone Number:
Other Phone Number:	Email Address:
Drivers License #:	Drivers License State:
Mother's Maiden Name:	
<i>Home Address</i>	
Address 1:	
Address 2:	
City:	State, Zip:
Time at Current Residence:	Residence Type: <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other:
Monthly Payment:	
<i>Previous Address</i>	
Address 1:	
Address 2:	
City:	State, Zip:
Time at Previous Residence:	Residence Type: <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other:
<i>Present Employer</i>	
Name:	Phone Number:
Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp <input type="checkbox"/> Retired <input type="checkbox"/> Other (please specify):	
Job Title:	Job Start Date:
Gross Salary:	per <input type="checkbox"/> Year <input type="checkbox"/> Month <input type="checkbox"/> Hour
Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.	
Other Income:	per <input type="checkbox"/> Year <input type="checkbox"/> Month <input type="checkbox"/> Hour
Other Income Source:	
<i>Previous Employer</i>	
Name:	Phone Number:
Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp <input type="checkbox"/> Retired <input type="checkbox"/> Other (please specify):	
Job Title:	Job Start Date:
Job End Date:	

Gross Salary:		per <input type="checkbox"/> Year <input type="checkbox"/> Month <input type="checkbox"/> Hour
Co-Applicant:		
Last Name:		Member Number:
First Name:		Middle Name:
Social Security Number:		Date of Birth:
Number of Dependents:		Ages of Dependents:
Home Phone Number:		Work Phone Number:
Other Phone Number:		Email Address:
Drivers License #:		Drivers License State:
<i>Home Address</i>		
Address 1:		
Address 2:		
City:		State, Zip:
Time at Current Residence:		Residence Type: <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other:
Monthly Payment:		
<i>Previous Address</i>		
Address 1:		
Address 2:		
City:		State, Zip:
Time at Previous Residence:		Residence Type: <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other:
<i>Present Employer</i>		
Name:		Phone Number:
Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp <input type="checkbox"/> Retired <input type="checkbox"/> Other (please specify):		
Job Title:		Job Start Date:
Gross Salary:		per <input type="checkbox"/> Year <input type="checkbox"/> Month <input type="checkbox"/> Hour
Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.		
Other Income:		per <input type="checkbox"/> Year <input type="checkbox"/> Month <input type="checkbox"/> Hour
Other Income Source:		
<i>Previous Employer</i>		
Name:		Phone Number:
Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp <input type="checkbox"/> Retired <input type="checkbox"/> Other (please specify):		
Job Title:		Job Start Date:
Job End Date:		
Gross Salary:		per <input type="checkbox"/> Year <input type="checkbox"/> Month <input type="checkbox"/> Hour
Additional Information		
How would you prefer to be contacted?		
<input type="checkbox"/> Home Phone		
<input type="checkbox"/> Work Phone		
<input type="checkbox"/> Other Phone		
<input type="checkbox"/> Email Address		
<input type="checkbox"/> Other:		
Special Instructions/Comments:		
Signatures		
Income verification is required; other information may be required.		
I certify that statements on this application are true and complete. I authorize any person, association, firm or corporation to furnish, on request of this Financial Institution, information concerning me or my affairs.(Sec. 1014, Title 18, U.S. Code makes it a Federal Crime		

to knowingly make a false statement on this application.)

Primary Applicant Signature:	Date:
Co-Applicant Signature:	Date: