



GULF COAST BANK & Trust Company



CREDIT APPLICATION

Account Choice:
(Signature required for joint applicant)

- Individual Account
 Joint Account (see co-applicant and signatures section)
 Credit Line Increase

CHECK CARD CHOICE CREDIT LIMIT
 MasterCard® Classic Up to \$4,999
 MasterCard® Gold \$5,000 to \$9,999
 MasterCard® Platinum \$10,000 and greater

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT: To help the government fight the funding of terrorism and money laundering activities, Federal laws require all financial institutions to obtain, verify and record information that identifies each person who opens an Account. What this means to you: When you open an Account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

APPLICANT Note: All applicable sections should be filled out completely to avoid delay in processing your application.	Last Name		First	Middle	Social Security Number	
	Date of Birth	No. of Dependents	Home Phone	Cell Phone	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other	Monthly Payment \$
	Current Address		City	State	Zip Code	How Long (yrs)
	Mailing Address (if different from above)		City	State	Zip Code	How Long (yrs)
	Previous Address (if less than 2 years at present address)		City	State	Zip Code	How Long (yrs)
	Employer	Self Employed <input type="checkbox"/> Yes <input type="checkbox"/> No		Work Phone	Date Employed	
	Address		Position/Occupation		Monthly Gross Income	\$
	Name and Address of Previous Employer (if less than 2 years at present employer)				How Long (yrs)	
	Source of Additional Income: Income from alimony, child support or separate maintenance need not be revealed if you do not wish it to be considered as a basis for repayment.					Amount per Month \$
	Nearest Relative (Not living with you)				Home Phone	Relationship
CO-APPLICANT Intended for joint applicant, this information is not required for an individual account.	Last Name		First	Middle	Social Security Number	
	Date of Birth	No. of Dependents	Home Phone	Cell Phone	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other	Monthly Payment
	Current Address		City	State	Zip Code	How Long (yrs)
	Previous Address (if less than 2 years at present address)		City	State	Zip Code	How Long (yrs)
	Employer	Self Employed <input type="checkbox"/> Yes <input type="checkbox"/> No		Work Phone	Date Employed	
	Address		Position/Occupation		Monthly Gross Income	\$
CREDIT INFO Attach Additional Sheets If Necessary	Name and Address of Creditors		Name under Which Account is Carried	Account Number	Balance	Monthly Payment
	Home Mortgage/Rent					
	Bank Credit Card/Bank Name & Address					
SIGNATURES AND DISCLOSURE ACKNOWLEDGMENT	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 verifications 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 cardholder 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 you intend to apply for joint credit, 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 payment, missed payments, or other defaults on your account may be reflected in your credit report.					
	Applicant Signature _____ Date _____ Co-Applicant Signature _____ Date _____ Acknowledgment of receipt of Credit Card Disclosure: Applicant Initial _____ Co-Applicant Initial _____					
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.					
	Credit Card Account Number _____			Amount to be transferred \$ _____		
	Signature _____			Date _____		

INTEREST RATES AND INTEREST CHARGES

Annual Percentage Rate (APR) for Purchases	17.90% Fixed
APR for Balance Transfers	17.90% Fixed
APR for Cash Advances	17.90% Fixed
Penalty APR and When it Applies	None
How to avoid paying Interest on purchases	Your due date is at least 25 days after close of each billing cycle. We will not charge you interest on purchases if you pay entire balance by the due date each month.
Minimum Interest Charge	None
For Credit Card Tips from the Consumer Financial Protection Bureau	To learn more about factors to consider when applying for or using a credit card, visit the website of the Consumer Financial Protection Bureau at http://www.consumerfinance.gov/learnmore

FEES

Annual Fee	None
Transaction Fees <ul style="list-style-type: none"> • Balance Transfer • Cash Advances • Foreign Transaction 	None 4.0% of the amount advanced, not to exceed \$20.00 . None
Penalty Fees <ul style="list-style-type: none"> • Late Payment • Over-the-Credit Limit • Returned Payment 	If the minimum required payment is not received within 10 days after the closing date subsequent to the payment due date, a late payment fee of 5.0% will be imposed, not exceeding \$15.00 . None None
Other Fees <ul style="list-style-type: none"> • Pay by Phone 	\$10.00 per request

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

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

Military Lending Act Notice: Federal law provides important protections to members of the Armed Forces and their dependents relating to extensions of consumer credit. In general, the cost of consumer credit to a member of the Armed Forces and his or her dependent may not exceed an annual percentage rate of 36%. This rate must include, as applicable to the credit transaction or account: the costs associated with credit insurance premiums; fees for ancillary products sold in connection with the credit transaction; any application fee charged (other than certain application fees for specified credit transactions or accounts); and any participation fee charged (other than certain participation fees for a credit card account). To receive this information and a description of your payment obligation verbally, please call 1-833-517-0298.

