

**MasterCard® Credit
Card Consumer
Application**



CENTINEL BANK
of TAOS

Building a successful financial plan takes the right resources. That's why we work hard to provide you with quality financial services and products. Like our convenient, flexible MasterCard® Credit Card. Accepted at thousands of locations worldwide for just about any type of purchase you can dream up. And, unlike those big out-of-town institutions, our card comes with the personal, friendly service you've come to expect from us. So, whatever your plans, choose the credit card that gives you all the value and buying power you need to get your projects off the drawing board.

Apply for your Centinel Bank MasterCard® credit Card today!



When you use the...



**MasterCard® Credit Card
for the purchase of goods
or services, the following
benefits are yours!**

ADVANTAGE – BASIC

- Travel Reservation Service
- Bonus Travel Dividends
- Vision Care Discounts
- Prescription Discounts
- Payment Card Registration
- Quarterly Newsletter
- Key Registration
- Auto Rental Discount

SCORECARD® BONUS POINTS

Earn Bonus Points for every net retail purchase you make with our Centinel Bank of Taos Credit Card! You can redeem Bonus Points for brand-name merchandise and exciting travel awards. Visit www.scorecardrewards.com and browse the current award selections. You'll be amazed at what ScoreCard® has to offer! To find out how the plan works, ask one of our friendly representatives.

Interest Rates and Interest Charges		MasterCard®
Annual Percentage Rate (APR) for Purchases		13.92% Fixed
APR for Balance Transfers		13.92% Fixed
APR for Cash Advances		13.92% Fixed
Penalty APR and When it Applies	None	
Paying Interest	Your due date is at least 25 days after the close of each billing cycle. We will not charge you interest on retail purchases if you pay your entire balance by the due date.	
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 web site of the Consumer Financial Protection Bureau at http://www.consumerfinance.gov/learnmore .	
Fees		MasterCard®
Annual Fee	None	
Transaction Fees		
• Balance Transfer	None	
• Cash Advances	Up to \$1.00 ATM/ \$10.00 Over the counter	
• Foreign Transaction	None	
Penalty Fees		
• Late Payment	Up to \$10.00	
• Over-the-Credit Limit	None	
• Returned Payment	None	
Other Fees	None	

How We Will Calculate Your Balance: We use a method called "average daily balance" (including new purchases).* An explanation of this method is provided in your account agreement.

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

Military Lending Act: 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 percent. 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).

CREDIT APPLICATION

Credit Limit Requested \$ _____

Check Account Choice:
(Signature required for joint applicant)

MasterCard®

- Individual Account
- Joint Account
- We intend to apply for joint credit
- Applicant Initials _____ Co-Applicant Initials _____
- Credit Line Increase

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	Last Name		First	Middle	Social Security Number		
	Date of Birth	No. of Dependents	Home Phone ()	Cell Phone ()	Own <input type="checkbox"/>	Rent <input type="checkbox"/>	Other <input type="checkbox"/>
	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 it is not considered in determining creditworthiness						Amount per Month \$
	Nearest Relative (Not Living With You)				Home Phone ()	Relationship	
CO-APPLICANT	Last Name		First	Middle	Social Security Number		
	Date of Birth	No. of Dependents	Home Phone ()	Cell Phone ()	Own <input type="checkbox"/>	Rent <input type="checkbox"/>	Other <input type="checkbox"/>
	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	Name and Address of Creditor		Name under Which Account is Carried	Account Number	Balance	Monthly Payment	
	1. Home Mortgage/Rent						
	2. Bank Credit Card/Bank Name and Address						
SIGNATURES	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 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 payments, missed payments, or other defaults on your account may be reflected in your credit report.						
	X	Applicant Signature _____ Date _____			X	Co-Applicant Signature _____ Date _____	
TRANSFER OF BAL REQUEST	Upon approval, I wish to transfer my present balance on the credit card account(s) listed below to my new credit card account.						
	<input type="checkbox"/> Credit Card Account Number _____		Amount to be transferred \$ _____				
FOR INTERNAL USE ONLY	Signature _____						
	MasterCard Account No. _____		Date Approved _____	Credit Line _____	Approved By _____		