

# CREDIT APPLICATION

Check Account Choice: (only one)  Individual Account  Joint Account  Credit Limit Increase

## APPLICANT Note: All sections should be filled out completely. If not, processing your application may be delayed.

|  |  |                     |            |                              |                               |
|--|--|---------------------|------------|------------------------------|-------------------------------|
| Last Name                                  |  | First               | Middle     | Social Security Number       |                               |
| Date of Birth                              | No. of Dependents  | Home Phone          |            | <input type="checkbox"/> Own | <input type="checkbox"/> Rent |
| Mailing Address                            |  | City                | State      | Zip Code                     | Mo. Payment \$                |
| Physical Address (if different from above) |  | City                | State      | Zip Code                     | How Long (yrs)                |
| Previous Address                           |  | City                | State      | Zip Code                     | How Long (yrs)                |
| Email Address                              |  |                     |            |                              |                               |
| Employer                                   | Self Employed<br><input type="checkbox"/> Yes or <input type="checkbox"/> No |                     | Work Phone |                              | How Long (yrs)                |
| Employer Address                           |  | Position/Occupation |            | Monthly Gross Income         |                               |
| Name and Address of Previous Employer      |  |                     |            |                              | How Long (yrs)                |
| Source of Additional Income*               |  |                     |            |                              | Amount Per Month              |
| Nearest Relative Not Living With You       |  | Address             |            | Home Phone                   | Relationship                  |

\*You need not furnish alimony, child support or maintenance income information if you do not want us to consider it in evaluating your application.

## CO-APPLICANT Complete this section only if applying for a joint account

|  |  |                     |            |                              |                               |
|--|--|---------------------|------------|------------------------------|-------------------------------|
| Last Name                                  |  | First               | Middle     | Social Security Number       |                               |
| Date of Birth                              | No. of Dependents  | Home Phone          |            | <input type="checkbox"/> Own | <input type="checkbox"/> Rent |
| Mailing Address                            |  | City                | State      | Zip Code                     | Mo. Payment \$                |
| Physical Address (if different from above) |  | City                | State      | Zip Code                     | How Long (yrs)                |
| Employer                                   | Self Employed<br><input type="checkbox"/> Yes or <input type="checkbox"/> No |                     | Work Phone |                              | How Long (yrs)                |
| Employer Address                           |  | Position/Occupation |            | Monthly Gross Income         |                               |
| Name and Address of Previous Employer      |  |                     |            |                              | How Long (yrs)                |
| Source of Additional Income*               |  |                     |            |                              | Amount Per Month              |

\*You need not furnish alimony, child support or maintenance income information if you do not want us to consider it in evaluating your application.

## CREDIT INFORMATION Attach additional sheet if necessary

|   |          |                |                                   |                                  |
|---|----------|----------------|-----------------------------------|----------------------------------|
| Bank Name and Address                         |          | Branch         | <input type="checkbox"/> Checking | <input type="checkbox"/> Savings |
| Name and Address of Creditor                  | Creditor | Account Number | Balance                           | Monthly Payment                  |
| 1. Automobile                                 |          |                | \$                                | \$                               |
| 2. Home Mortgage                              |          |                | \$                                | \$                               |
| 3. Bank Credit Card/<br>Bank Name and Address |          |                | \$                                | \$                               |
| 4. Other (if Applicable)                      |          |                | \$                                | \$                               |

### Complete one of the following for identification

|                  |                 |                              |               |
|------------------|-----------------|------------------------------|---------------|
| Drivers Lic. #   | Expiration Date | State                        | State ID Card |
| Military ID Card | Passport #      | U.S. Alien Registration Card |               |

**SIGNATURE(S)** PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING: The terms and conditions provided, along with the initial disclosure statement, are part of the Credit Card Agreement that governs the credit card account described in this application offered by Frontier Bank, a bank organized under Georgia law and headquartered in LaGrange, Georgia. Please read these terms and conditions and the Initial Disclosure Statement (which contains important information about your account) and keep them for your records. If you meet the required criteria for one of the three credit cards with your card you will receive the Credit Card Agreement and notice of the amount of your credit line, which will be based on your credit report and information you provide to us. Except as provided in this offer, the terms of the credit card account are not guaranteed for any period of time, and may change in accordance with the Credit Card Agreement and applicable law. These credit cards are governed by Georgia law and federal law. To qualify for this offer you must be at least 18 years old if you reside in Alabama or Georgia.

Federal law requires us to obtain, verify and record information that identifies each person who opens an account, in order to help the government fight the funding of terrorism and money laundering activities. To process this offer, we must have your name, street address, date of birth and other identifying information. We may also ask for additional identifying documents from you.

I understand that I am applying for a credit card account with Frontier Bank. I understand that Frontier Bank has the right to obtain a credit report and other information about me as part of Frontier Bank's review of my application and, if the application is approved, in connection with any review of my credit card account. I authorize anyone that Frontier Bank contacts about my application and accounts to furnish the information requested by Frontier Bank. Frontier Bank has the right to report to consumer reporting agencies information about its transaction and experiences with me. I certify that all information provided in this application is true and complete.

X  
Applicant Signature

Date

X  
Co-Applicant Signature

Date

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| Credit Disclosure  | Visa Classic  | Visa Gold   | Visa Platinum   |
|--|---|---|---|
| Credit Limits (1) (with approval of credit)                              | \$1,000 to \$4,999  | \$5,000 to \$7,499  | \$7,500 and up  |
| Annual Percentage Rate for Purchases (2)                                 | <b>17.90%</b><br>0.049041% corresponding<br>Daily Periodic Rate   | <b>15.90%</b><br>0.043562% corresponding<br>Daily Periodic Rate | <b>13.90%</b><br>0.038082% corresponding<br>Daily Periodic Rate |
| Annual Percentage Rate for Cash Advances and Balance Transfers(2)        | <b>17.90%</b>   | <b>15.90%</b>   | <b>13.90%</b>   |
| Variable Rate Information (2)  | Your Annual Percentage Rate may vary. The rates for purchases, balance transfers and cash advances are determined quarterly by adding the following margin to the Wall Street Journal Prime Rate: |   |   |
|  | <b>9.90%</b>  | <b>7.90%</b>  | <b>5.90%</b>  |
| Annual Fee (3)   |   | \$20.00   |   |
| Late Payment Charge (4)  |   | \$30.00   |   |
| Cash Advance Fee and Balance Transfer Fee                                | 3% of Cash Advance - \$5.00 Minimum, \$50.00 Maximum  |   |   |
| Overlimit Fee (5)  |   | \$30.00   |   |
| Returned Payment Fee   |   | \$30.00   |   |
| Method for Computing Balance for Purchases (6)                           | Average Daily Balance (including new purchases)   |   |   |
| Grace Period for Purchases   | 25 days   |   |   |
| Method for Computing Balance for Cash Advances and Balance Transfers (7) | Average Daily Balance (including current transactions)  |   |   |
| Grace Period for Cash Advances and Balance Transfers                     | 25 days   |   |   |
| Minimum Finance Charge   | None  |   |   |
| International Transaction Fee  | Up to 3% of the transaction amount  |   |   |

(1) Frontier Bank has the right to obtain a credit report and other information related to this application. Applicant's credit limit and the accommodating annual percentage rate will be based and assigned on the applicant's credit qualifications and the Bank's internal guidelines.

(2) Your Annual Percentage Rate (APR) may vary. For purchases, balance transfers and cash advances. The rate is determined by Wall Street Journal Prime (WSJP) Rate. The Annual Percentage Rate in effect will equal the sum of WSJP rate plus the margin as shown above, based on the type of account approved by Frontier Bank. Your APR is subject to increase or decrease based on changes in the WSJP Rate. Any increase or decreases will take effect on the first day of your billing period in January, April, July and October of each year. Current rates are shown as of the date this application was printed (May 06). There is no minimum rate or maximum rate on this account.

(3) Annual Fee: The Annual Fee will be waived if the account meets the following conditions: One retail transaction in the amount of at least \$20 in the past 12 months.

(4) Late Charge: If the minimum required payment is not received by the payment due date, a Late Charge of \$30.00 will be imposed.

(5) Overlimit Fee: This fee applies when a balance is over the established credit limit.

(6) Credit Purchases: A finance charge will be imposed on Credit Purchases only if you elect not to pay the entire New Balance shown on your monthly statement for the previous billing cycle within 25 days from the closing date of that statement. If you elect not to pay the entire New Balance shown on your previous monthly statement within that 25-day period, a Finance Charge will be imposed on the unpaid average daily balance of such Credit Purchases from the previous statement closing date and on new Credit Purchases from the date of posting to your account during the current billing cycle, and will continue to accrue until the closing date of the billing cycle preceding the date on which the entire New Balance is paid in full or until the date of payment if more than 25 days from the closing date. The finance charge for billing cycle is computed by applying the Monthly Periodic Rate to the Average Daily Balance of Credit Purchases, which is determined by dividing the sum of the daily balances during the billing cycle by the number of days in the cycle. Each daily balance of Credit Purchases is determined by adding to the outstanding unpaid balance of Credit Purchases at the beginning of the billing cycle any new Credit Purchases posted to your account, and subtracting any payments as received and credits as posted to your account, but excluding any unpaid Finance Charges.

(7) Cash Advances and Balance Transfers: A finance charge will be imposed on Cash Advances and Balance Transfers from the date made or from the first day of the billing cycle in which the Cash Advance or Balance Transfer is posted to your account, whichever is later, and will continue to accrue on the unpaid average daily balance which the entire New Balance is paid in full or until the date of payment if more than 25 days from the closing date. If the New Balance shown on your monthly statement for the prior billing cycle is paid in full within 25 days from the closing date of that statement, no Finance Charges will be imposed during the current billing cycle for Cash Advances or Balance Transfers posted to your account during the previous billing cycle.

At the date this application was printed the information listed above was accurate. Rates and terms are subject to change. For current information, you may contact us by writing to us at P.O. Drawer 630, Sylacauga, AL 35150

May-06

**FOR INTERNAL USE ONLY**

VISA ACCOUNT NO.

DATE APPROVED

CREDIT LINE

APPROVED BY



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Member  
FDIC