

# WOORI AMERICA CREDIT CARD APPLICATION

Credit Limit Requested \$ \_\_\_\_\_

Please check a box to select the Card

- Visa  
 Visa Secured  
 Visa Gold

Please check a box the Account

- Individual Account  
 Joint Account  
 Corporate Account

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

Last Name	First	Middle	Social Security Number
Date of Birth	Home Phone	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other	Monthly Payment \$
Current Address	Street	City State Zip	How long (yrs)
Mailing Address (if different from above)	Street	City State Zip	
Employer	Self Employed <input type="checkbox"/> Yes <input type="checkbox"/> No	Work phone	How long (yrs)
Address		Position/Occupation	Monthly Gross Income\$

\*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 or SPOUSE Complete this section only if co-applicant or spouse is applying for a joint card

Last Name	First	Middle	Social Security Number
Date of Birth	Home Phone	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other	Monthly Payment \$
Current Address	Street	City State Zip	How long (yrs)
Mailing Address (if different from above)	Street	City State Zip	
Employer	Self Employed <input type="checkbox"/> Yes <input type="checkbox"/> No	Work phone	How long (yrs)
Address		Position/Occupation	Monthly Gross Income\$

\*You Need Not Furnish Alimony, Child Support or Maintenance Income Information If You Do Not Want Us To Consider It In Evaluating Your Application.

## SIGNATURE(S)

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING: This statement is submitting 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 bank card 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 this is a joint application, the undersigned shall be jointly and severally liable for any and all credit extended from time to time.

X _____	X _____
Applicant Signature	Co-Applicant Signature
Date	Date

## PLEASE READ THE DISCLOSURE ON THE REVERSE SIDE OF THIS APPLICATION BEFORE SIGNING.

**YES** Please enroll me in the Chargegard insurance plan providing coverage as described herein. I understand it is not required to obtain credit and will not be provided unless I sign and agree to pay the additional cost disclosed. By signing I certify that I have read the disclosure for Chargegard coverage on the reverse side of this application. Check this box if you are employed full-time.

X _____	X _____
Primary Card Holder	Co-Applicant Signature
Date	Date
Birth date	Birth Date

## 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 account

Visa Account Number \_\_\_\_\_  Master Card Account(s) Number \_\_\_\_\_

Signature \_\_\_\_\_ Please send a copy of your last statement