



ST THOMAS CREDIT UNION

4230 Harding Road, Ste 103
Nashville, TN 37205
Phone: (615) 292-7828 Fax: (615) 463-2741

VISA – Classic (Credit Card Application)

Application # _____

Requested Credit Limit \$ _____

A table that includes required credit card disclosures is provided on the reversed side of this application. To obtain any change in the required information since it was printed, call us at (615) 292-7828 or write to us at the address stated on this Application.

APPLICANT Marital Status: Married Not Married (Single, Divorced, Widowed) Legally Separated

First Name	Middle Initial	Last Name		STCU Account Number
Social Security Number	Date of Birth	Home Phone Number	Cell Phone Number	Mother's Maiden Name
Home Address		City State	Zip Code	Length of Residence (Month/Year)
<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other	Landlord Mortgage Lender			Monthly Payment

EMPLOYMENT AND INCOME 1. IF SELF-EMPLOYED – Include nature of business and a company name that may be verified 2. IF RETIRED – Include the company name and the last position you had at the company from which you retired 3. IF MILITARY – Include the branch of service, duty station, phone number, rank, and release date

Employer or Source of Income	Position	Monthly Gross Salary or Hourly Wage	
Supervisor's Name	Work Phone Number	Length of Employment	
Employer or Source of Income Address	City State	Zip Code	
Former Employer (If current employment is less than 2 years.)	Position	Length of Employment	
Former Employer's Address	City State	Zip Code	
* OTHER SOURCE OF INCOME #1	Monthly Gross Amount	* OTHER SOURCE INCOME #2	Monthly Gross Amount

* OTHER INCOME (Alimony, child support, or separate maintenance income need not be revealed if you do not wish it to be considered as a basis of repayment.)

PERSONAL REFERENCE

Full Name	Relationship	Phone Number
Address (City State Zip Code)		

OTHER Co-Applicant Spouse Guarantor *****

First Name	Middle Initial	Last Name		STCU Account Number
Social Security Number	Date of Birth	Home Phone Number	Cell Phone Number	Mother's Maiden Name
Home Address		City State	Zip Code	Length of Residence (Month/Year)
<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other	Landlord Mortgage Lender			Monthly Payment

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SOURCE #1	Monthly Gross Amount	SOURCE #2	Monthly Gross Amount

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PERSONAL REFERENCE

Full Name	Relationship	Phone Number
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