



NIZARI
PROGRESSIVE FEDERAL
CREDIT UNION

CREDIT CARD – BALANCE CONSOLIDATION REQUEST

LINE OF CREDIT INFORMATION

MEMBER ACCOUNT NUMBER	<input type="checkbox"/> New Credit Card Account Transfer Request
PURPOSE OF BALANCE TRANSFER	<input type="checkbox"/> Existing Credit Card Account Transfer Request
	CREDIT LIMIT REQUEST

MEMBER INFORMATION

FIRST NAME	MIDDLE NAME	LAST NAME
DATE OF BIRTH	DRIVERS LICENSE	SOCIAL SECURITY
ADDRESS (STREET, CITY, STATE, ZIP)		HOW LONG?
HOME PHONE	CELL PHONE	EMAIL

EMPLOYMENT

CURRENT EMPLOYER	POSITION	HIRE DATE	ANNUAL GROSS INCOME	OFFICE PH / EXT
PREVIOUS EMPLOYER (IF LESS THAN 2 YEARS)	POSITION	HIRE DATE	ANNUAL GROSS INCOME	OFFICE PH / EXT

ALL OPEN CREDIT CARDS

ISSUED BY	CARD ACCOUNT NUMBER	CARD NAME	CREDIT LIMIT
ISSUED BY	CARD ACCOUNT NUMBER	CARD NAME	CREDIT LIMIT
ISSUED BY	CARD ACCOUNT NUMBER	CARD NAME	CREDIT LIMIT

BALANCE CONSOLIDATION - CREDIT CARD INFORMATION

LENDER NAME 1	LENDER ACCOUNT NUMBER 1
LENDER PAYMENT MAILING ADDRESS 1	BALANCE TRANSFER AMOUNT 1
LENDER NAME 2	LENDER ACCOUNT NUMBER 2
LENDER PAYMENT MAILING ADDRESS 2	BALANCE TRANSFER AMOUNT 2
LENDER NAME 3	LENDER ACCOUNT NUMBER 3
LENDER PAYMENT MAILING ADDRESS 3	BALANCE TRANSFER AMOUNT 3
LENDER NAME 4	LENDER ACCOUNT NUMBER 4
LENDER PAYMENT MAILING ADDRESS 4	BALANCE TRANSFER AMOUNT 4