



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 <input type="checkbox"/> Existing Credit Card Account Transfer Request		
PURPOSE OF BALANCE TRANSFER		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		

OTHER INFORMATION ABOUT YOU

Are you a U.S. Citizen or Permanent Resident Alien?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you currently have any outstanding judgments or have you ever filed for bankruptcy?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever had a debt adjustment plan confirmed under Chapter 13?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever had property foreclosed upon or repossessed in the last 7 years?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever been a party in a lawsuit?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is your income likely to decline in the next 2 years?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you a Co-Maker, Co-Signer or Guarantor on any loan not listed above?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If so, for whom (Name of others obligated on loan):		
To whom (Name of Creditor):		

SIGNATURES

You promise that everything you have stated in this application is correct to the best of your knowledge and that the above information is a complete listing of what you owe. If there are any important changes you will notify us in writing immediately. You authorize the Credit Union to obtain credit reports in connection with this application for credit and for any update, increase, renewal, extension or collection of the credit received. You understand that the Credit Union will rely on the information in this application and your credit report to make its decision. If you request, the Credit Union will tell you the name and address of any credit bureau from which it received a credit report on you. It is a federal crime to willfully and deliberately provide incomplete or incorrect information on loan applications made to federal credit unions or state chartered credit unions insured by NCUA.

Balance Transfers are processed in accordance with your Credit Card Agreement and are subject to credit availability. If you request a balance transfer to be made, you should not rely on a balance transfer to be made by any particular date. Although most balance transfers will be made sooner, it could take up to four weeks before payment to your other account is made. Accordingly, you should continue to make all required payments on your other accounts until you confirm that the balance transfer has been made. Balance transfers may not exceed your available credit. If you transfer a balance that contains a dispute with a creditor, you may lose certain dispute rights. When you transfer a balance using this form, the amount transferred will be treated as a Purchase. Please refer to your Credit Card Agreement to determine your Purchase Annual Percentage Rate. For specific information about balance consolidation, please contact the Nizari Loan Department at 281-921-8500.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Member Signature	Date	Co-Borrower Signature	Date

FOR CREDIT UNION USE ONLY

Date	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied (Adverse Action Sent)	Approved Credit Limit:
Loan Officer Name:	Signature:		Date:
Comments:			