

Request for VISA Credit Limit Increase

VISA Account Number: _____

Credit Union Account Number: _____

	Applicant	Co-Applicant
Name	_____	_____
Address	_____	_____
	_____	_____
Phone	_____	_____
Social Security #	_____	_____
Employer	_____	_____
Date Of Hire	_____	_____
Monthly Income	_____	_____
Rent or Mortgage Payment	_____	_____

Outstanding Debts:

Current Limit: _____

Increase Requested: _____

Total Credit Limit: _____

Reason for Increase: _____

This statement is submitted to obtain credit and I (we) certify that all information herein is true and complete. I (we) also authorize the Credit Union to verify or obtain further information which the Credit Union may deem necessary concerning my (our) credit standing. If this application is approved, the undersigned applicant (s) by signing, using, or permitting another to use the Credit Card (s) agree that the applicant (s) will be bound by the terms and conditions accompanying the Credit Card (s) and all amendments. I (we) hereby acknowledge receipt of the Credit Union Credit Card Agreement and Disclosure and Billing rights that inform me (us) of the terms, responsibilities, and rights as a Credit Union Credit Card account user.

Applicant's Signature Date

Co-Applicant's Signature Date

Please Include 3 Current Paystubs

Loan Officer _____ Approved _____ Rejected _____ Date _____