

CREDIT APPLICATION	Credit Limit Requested \$ _____ Any request over \$10,000 requires income verification
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IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT: To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an Account. What this means for you: When you open an Account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

APPLICANT Note: All applicable sections should be filled out completely to avoid delay in processing your application.			
Last Name	First	Middle	Social Security Number
Date of Birth	Home Phone ()	Evening Phone ()	
Current Address		City	State Zip Code

CO-APPLICANT Information about co-applicant is not required for an individual account.			
Last Name	First	Middle	Social Security Number
Date of Birth	Home Phone ()	Evening Phone ()	
Current Address		City	State Zip Code

I WOULD LIKE ADDITIONAL CARDS FOR THESE PEOPLE:			
Name	Social Security Number	Daytime Phone Number (Required)	
Signature	Evening Phone Number		
Name	Social Security Number	Daytime Phone Number (Required)	
Signature	Evening Phone Number		

THE REWARDS PROGRAM I CHOOSE IS...	
<input type="checkbox"/> 1% Cash Back	
<input type="checkbox"/> Gift & Merchandise	

CREDIT DISCLOSURES			
Annual Percentage Rate (APR) for Purchases	9.99% – 15.99%*	APR's for Cash Advances and Balance Transfers	11.99% – 17.99%*
Grace Period for repayment of balances for Purchases	Payment Due Date	Method of computing the balance for Purchases	**
Annual Fees	None	Method of computing the balance for Cash Advances and Balance Transfers	***
Transaction Fee for Cash Advances	3.00% (\$5 minimum, \$500 maximum)	Minimum Payment	\$20.00 or 2%
Late Payment Fee	\$20.00	Balance Transfer Fee	None
		Over-the-Credit-Limit Fee	None
*Rate may vary. Credit score may be taken into account to determine loan amount and APR. **Method G—Average Daily Balance (including current transactions). To avoid incurring an additional Finance Charge on the balance of purchases (and cash advances, if Method G is specified as applicable to cash advances) reflected on your monthly statement and, on any new purchases (and if applicable, cash advances) appearing on your next monthly statement, you must pay the New Balance, shown on your monthly statement, on or before the Payment Due Date. The grace period for the New Balance of purchases extends to the Payment Due Date. The Finance Charges for a billing cycle are computed by applying the monthly Period Rate to the "average daily balance" of purchases (and if applicable, cash advances). To get the average daily balance, we take the beginning balance of your account each day, add any new purchases or cash advances and subtract any payments, credits, non-accruing fees, and unpaid finance charges. This gives us the daily balance. Then we add up all the daily balances for the billing cycle and divide the total by the number of days in the billing cycle. ***Method A—Average Daily Balance (including current transactions). The Finance Charge on purchases begins from the date the transaction is posted to your account and the Finance Charge on cash advances begins from the date you obtained the cash advance, or the first day of the billing cycle in which it is posted to your account, whichever is later. There is no grace period. The Finance Charge for a billing cycle are computed by applying the monthly Period Rate to the "average daily balance" of your account. To get the daily balance, we take the beginning balance of your account each day, add any new purchases or cash advances, and subtract any payments, credits, non-accruing fees, and unpaid finance charges. This gives us the daily balance. Then we add up all the daily balances for the billing cycle and divide the total by the number of days in the billing cycle.			

SIGNATURE(S)			
PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING: This statement is submitted 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 cardholder 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. By signing this application it means that you have reviewed the credit disclosures, billing rights and agreement document.			
X		X	
Applicant Signature	Date	Co-Applicant Signature	Date

BALANCE TRANSFER REQUEST	
Upon approval, I wish to transfer my present balance on the credit card account listed below to my new credit card account.	
<input type="checkbox"/> Credit Card Account Number _____	Amount to be transferred \$ _____
Payee _____	Address _____
	City _____ State _____ Zip Code _____
The total value of transfer requests cannot exceed your credit line. Univest sends either Full or Partial payment to your creditors as you have requested, in the order you list them. Allow at least two (2) weeks from account opening for processing.	

**To submit your completed application, visit any of Univest's convenient Financial Service Centers or mail it to:
Univest, Card and Merchant Services, P.O. Box 64197, Souderton, PA 18964**

FOR INTERNAL USE ONLY				
DATE APPROVED	CREDIT LINE	EMPLOYEE NUMBER AND INITIALS	CREDIT SCORE	BRANCH NUMBER
Visa Account No.			Debt/Income ratio	

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Late Payment Fee	\$20.00	Balance Transfer Fee	None
		Over-the-Credit-Limit Fee	None

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YOUR BILLING RIGHTS**KEEP THIS NOTICE FOR FUTURE USE**

This notice contains important information about your rights and our responsibilities under the Fair Credit Billing Act.

Notify Us In Case of Errors or Questions About Your Bill

If you think your bill is wrong, or if you need more information about a transaction on your bill, write us on a separate sheet at the address listed on your bill. Write to us as soon as possible. We must hear from you no later than 60 days after we sent you the first bill on which the error or problem appeared. You can telephone us, but doing so will not preserve your rights.

In your letter, give us the following information:

- Your name and account number.
- The dollar amount of the suspended error.
- Describe the error and explain, if you can, why you believe there is an error. If you need more information, describe the item you are not sure about.

If you have authorized us to pay your credit card bill automatically from your savings or checking account, you can stop the payment on any amount you think is wrong. To stop the payment, your letter must reach us 3 business days before the automatic payment is scheduled to occur.

Your Rights and Our Responsibilities After We Receive Your Written Notice

We must acknowledge your letter within 30 days, unless we have corrected the error by then. Within 90 days, we must either correct the error or explain why we believe the bill was correct.

After we receive your letter, we cannot try to collect any amount you question, or report you as delinquent. We can continue to bill you for the amount you question, including finance charges, and we can apply any unpaid amount against your credit limit. You do not have to pay any questioned amount while we are investigating, but you are still obligated to pay the parts of your bill that are not in question.

If we find that we made a mistake on your bill, you will not have to pay any finance charges related to any questioned amount. If we didn't make a mistake, you may have to pay finance charges, and you will have to make up any missed payments on the questioned amount. In either case, we will send you a statement of the amount you owe and the date that it is due.

If you fail to pay the amount that we think you owe, we may report you as delinquent. However, if our explanation does not satisfy you and you write to us within 10 days telling us that you still refuse to pay, we must tell anyone we report you to that you have a question about your bill. And, we must tell you the name of anyone we reported you to. We must tell anyone we report you to that the matter has been settled between us when it finally is.

If we don't follow these rules, we can't collect the first \$50 of the questioned amount, even if your bill was correct.

SPECIAL RULE FOR CREDIT CARD PURCHASES

If you have a problem with the quality of property or services that you purchased with a credit card, and you have tried in good faith to correct the problem with the merchant, you may have the right not to pay the remaining amount due on the property or services. There are two limitations on this right:

- (a) You must have made the purchase in your home state or, if not within your home state, within 100 miles of your current mailing address; and
- (b) The purchase price must have been more than \$50.

These limitations do not apply if we own or operate the merchant, or if we mailed you the advertisement for the property or services.