



## MasterCard® / Visa® Consumer Credit Card Application

Check card choice:  MasterCard®     Visa®  
 Check account choice (only one):  Individual Account     Joint Account     Credit Limit Increase

<b>APPLICANT</b>	<b>REQUESTED LIMIT: \$</b>
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FULL NAME:		DATE OF BIRTH:		SOCIAL SECURITY #:	
ADDRESS:			CITY:		STATE:
HOME PHONE:		CELL PHONE:		EMAIL ADDRESS:	
LENGTH AT CURRENT ADDRESS: (YRS.) (MOS.)		CHECK ONE: <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> LIVE W/ RELATIVE		MONTHLY PAYMENT: \$	
				PAYABLE TO WHOM: <input type="checkbox"/> SOLE OWNER(S) <input type="checkbox"/> OWNED JOINTLY W/ NON-APPLICANT	
PREVIOUS ADDRESS:		CITY:		STATE:	ZIP:
CURRENT EMPLOYER:		ADDRESS:		(YRS.)	(MOS.)
POSITION:	GROSS MONTHLY SALARY: \$	BUS. PHONE NO. & EXT.	OTHER INCOME: Do not show alimony, child support or separate maintenance income if you prefer that we not consider it. SOURCE:		AMOUNT (MONTHLY) \$
PREVIOUS EMPLOYER:	ADDRESS:		(YRS.)	(MOS.)	

<b>JOINT APPLICANT OR GUARANTOR</b>
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FULL NAME:		DATE OF BIRTH:		SOCIAL SECURITY #:	
ADDRESS:			CITY:		PHONE NO.:
CURRENT EMPLOYER:		ADDRESS:		(YRS.)	(MOS.)
POSITION:	GROSS MONTHLY SALARY: \$	BUS. PHONE NO. & EXT.	OTHER INCOME: Do not show alimony, child support or separate maintenance income if you prefer that we not consider it. SOURCE:		AMOUNT (MONTHLY) \$

<b>CREDIT INFORMATION</b> (attach separate sheet for additional not listed below)
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BANK NAME & ADDRESS:		BRANCH:		LOANS: <input type="checkbox"/> OPENED <input type="checkbox"/> CLOSED	
CHECKING ACCT. NO./NAME LISTED:			SAVINGS ACCT. NO./NAME LISTED:		
NAMES OF CREDITORS		CITY/STATE	ACCOUNT NO.	MONTHLY PAYMENT	BALANCE
NAME & ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU:			PHONE NUMBER:		RELATIONSHIP:

<b>Fees</b>
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<b>Annual Fee</b>	There is no fee.
<b>Transaction Fees</b>	There is no fee.
<ul style="list-style-type: none"> <li>Balance Transfer</li> <li>Cash Advance</li> <li>Foreign Transaction</li> </ul>	There is no fee. There is no fee. There is no fee.
<b>Penalty Fees</b>	5% of payment that is 15 days late, minimum of \$1.00 and maximum of \$15.00.
<ul style="list-style-type: none"> <li>Late Payment</li> <li>Over-the-Credit Limit</li> <li>Returned Payment</li> </ul>	There is no fee. There is no fee.
<b>Other Fees</b>	\$5.00
<ul style="list-style-type: none"> <li>Lost or Stolen Card Replacement</li> </ul>	\$5.00

**Interest Rates and Interest Charges**

<b>Annual Percentage Rate (APR) for Purchases</b>	<b>11.90%</b> when you open your account. After that, your APR will vary with the market based on the current prime rate as published in the Wall Street Journal + 6.90%. 11.90% effective 06/14/18.
<b>APR for Balance Transfers</b>	<b>11.90%</b> This APR will vary with the market based on the current prime rate as published in the Wall Street Journal + 6.90%. 11.90% effective 06/14/18.
<b>APR for Cash Advances</b>	<b>11.90%</b> This APR will vary with the market based on the current prime rate as published in the Wall Street Journal + 6.90%. 11.90% effective 06/14/18.
<b>Penalty APR and When it Applies</b>	No penalty rate.
<b>How to Avoid Paying Interest on Purchases</b>	Your due date is at least 25 days after the close of each billing cycle. We will not charge you interest on purchases if you pay your entire balance by the due date each month.
<b>Minimum Interest Charge</b>	If you are charged interest, the charge will be no less than \$0.01.
<b>For Credit Card Tips from the Federal Reserve Board</b>	To learn more about factors to consider when applying for or using a credit card, visit the website of the Federal Reserve Board at <a href="http://www.federalreserve.gov/creditcard">http://www.federalreserve.gov/creditcard</a> .

**How We Will Calculate Your Balance:** We use a method called "average daily balance (including current transactions)".

**TRANSFER OF BALANCE REQUEST**

I wish to transfer my current balance on the credit card account(s) listed below to my new credit account.

Account Number: \_\_\_\_\_  MasterCard  Visa  Discover  American Express

Signature \_\_\_\_\_  Other (please specify type): \_\_\_\_\_.

Please send a copy of your last statement.

**Instructions For Standard Application**

1. Please check the appropriate box which specifies the type of account or loan you are applying for on Page 1.
2. Your application will be based on your credit and account history with Hawthorn Bank. You must be an existing Hawthorn Bank customer with accounts in good standing to be eligible for a Hawthorn Bank credit card. If you are married, you need not fill in information concerning your spouse unless you want a joint account, or want your spouse's credit to be considered in your application. Applying for an individual account tells us that your spouse will not be permitted to use the account and, information about the account will be kept in your name only.

**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.

**SIGNATURES**

I/We authorize Hawthorn Bank to obtain such information as may be required concerning the statements made in this application and agree that the application shall remain the property of Hawthorn Bank, whether the application is granted or not. This statement shall be construed by Hawthorn Bank to be a continuing statement of the condition of the undersigned until written notice to the contrary is received by Hawthorn Bank. Hawthorn Bank is authorized to check my/our credit and employment history and to answer questions about our credit experience with me/us.

I/We certify that the above information is accurate and complete.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Joint Applicant's or Guarantor's Signature

\_\_\_\_\_  
Date

**Once complete**, please print, sign, date and bring this application to your local bank location or mail to Hawthorn Bank, Attention: Credit Cards, PO Box 688, Jefferson City, MO 65102. Thank you.

**FOR BANK USE ONLY**

MASTERCARD ACCT. NO.			VISA ACCT. NO.		
DATE APPROVED	CREDIT LINE	APPROVED BY	DATE APPROVED	CREDIT LINE	APPROVED BY
NO. OF CARDS	PRO. CODE		NO. OF CARDS	PRO. CODE	