

Interest Rates and Interest Charges	Visa®	Mastercard®
Annual Percentage Rate (APR) for Purchases	9.97% Fixed	9.97% Fixed
APR for Balance Transfers	9.97% Fixed	9.97% Fixed
APR for Cash Advances	9.97% Fixed	9.97% Fixed
Penalty APR and When it Applies	None	
Paying Interest	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. We will begin charging interest on cash advances and balance transfers on the transaction date.	
Minimum Interest Charge	None	
For Credit Card Tips from the Consumer Financial Protection Bureau	To learn more about factors to consider when applying for or using a credit card, visit the website of the Consumer Financial Protection Bureau at http://www.consumerfinance.gov/learnmore	
Fees	Visa®	Mastercard®
Annual Fee	None	None
Transaction Fees	<ul style="list-style-type: none"> • Balance Transfer 4.0% of the amount transferred, \$5.00 minimum/\$50.00 maximum • Cash Advances 4.0% of the amount advanced, \$5.00 minimum/\$50.00 maximum • Foreign Transaction None 	
Penalty Fees	<ul style="list-style-type: none"> • Late Payment Up to 5.0% of the amount past due, with a maximum of \$35.00 • Over-the-Credit Limit None • Returned Payment None 	
Other Fees	None	

How We Will Calculate Your Balance: We use a method called “average daily balance” (including new transactions).* An explanation of this method is provided in your account agreement.

Billing Rights: Information on your rights to dispute transactions and how to exercise those rights is provided in your account agreement.



Member
FDIC

1.877.332.1710 www.cbsbank.com



CREDIT APPLICATION Bill Code 31

Credit Limit Requested \$ _____

Credit Account Choice:
(Signature required for joint applicant)

- Individual Account
- Joint Account
- (see co-applicant and signatures section)
- Credit Line Increase

Visa® MasterCard®

Check Card Choice Visa® Mastercard®

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT: To help the government fight the funding of terrorism and money laundering activities, Federal laws require all financial institutions to obtain, verify and record information that identifies each person who opens an Account. What this means to 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 <small>Note: All applicable sections should be filled out completely to avoid delay in processing your application.</small>	Last Name		First		Middle		Social Security Number				
	Date of Birth	No. of Dependents	Home Phone ()		Cell Phone ()		Own <input type="checkbox"/>	Rent <input type="checkbox"/>	Other <input type="checkbox"/>	Monthly Payment \$	
	Current Address (Physical)		City		State	Zip Code		How Long (yrs)			
	Mailing Address (if different from above)		City		State	Zip Code		How Long (yrs)			
	Previous Address (if less than 2 years at present address)		City		State	Zip Code		How Long (yrs)			
	Employer		Self Employed <input type="checkbox"/> Yes <input type="checkbox"/> No		Work Phone ()		Date Employed				
	Address		Position/Occupation		Monthly Gross Income \$						
	Name and Address of Previous Employer (if less than 2 years at present employer)				How Long (yrs)						
	Source of Additional Income: Income from alimony, child support or separate maintenance need not be revealed if it is not considered in determining creditworthiness				Amount per Month \$						
	Nearest Relative (Not Living With You)		Home Phone ()		Relationship						
CO-APPLICANT <small>Intend to joint applicant, this information is used for an individual account.</small>	Last Name		First		Middle		Social Security Number				
	Date of Birth	No. of Dependents	Home Phone ()		Cell Phone ()		Own <input type="checkbox"/>	Rent <input type="checkbox"/>	Other <input type="checkbox"/>	Monthly Payment \$	
	Current Address (Physical)		City		State	Zip Code		How Long (yrs)			
	Previous Address (if less than 2 years at present address)		City		State	Zip Code		How Long (yrs)			
	Employer		Self Employed <input type="checkbox"/> Yes <input type="checkbox"/> No		Work Phone ()		Date Employed				
	Address		Position/Occupation		Monthly Gross Income \$						
CREDIT INFO <small>Attach Additional Sheets if Necessary</small>	Name and Address of Creditor		Name under Which Account is Carried		Account Number		Balance		Monthly Payment		
	1. Home Mortgage/Rent										
	2. Bank Credit Card/Bank Name and Address										
SIGNATURES	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 you intend to apply for joint credit, the undersigned shall be jointly and severally liable for any and all credit extended from time to time. We may report information about your account to the credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.										
	X _____ Applicant Signature		Date _____		X _____ Co-Applicant Signature		Date _____				
TRANSFER OF BAL REQUEST	Upon approval, I wish to transfer my present balance on the credit card account(s) listed below to my new credit card account.										
	<input type="checkbox"/> Credit Card Account Number _____		Amount to be transferred \$ _____								
FOR INTERNAL USE ONLY	Signature _____										
	Visa Account No.		Date Approved		MasterCard Account No.		Date Approved				
Credit Line		Approved By		Referred By		Credit Line		Approved By		Referred By	

CB&S Bank, Russellville, AL 35653

All contents are accurate at the time of printing, for changes that may have been made after printing please call (877) 332-1710.

Revised: 4/16

Please mail to:
CB&S Bank
P.O. Box 910
Russellville, AL 35653



1.877.332.1710 www.cbsbank.com

