



MEMBER #

LOAN #

CAMPUS FEDERAL CREDIT UNION

P.O. BOX 98036, BATON ROUGE, LA 70898-9036

PHONE: (225) 769-8841

WEBSITE: www.campusfederal.org

CREDIT APPLICATION

If you intend to apply for joint credit, initial here: _____ ("Credit Union")

BORROWER form with fields for Name, Date of Birth, Social Security Number, Home Phone No., Physical Address, APT. No., City, State, ZIP, Cell / Other Phone No., Mailing Address, City, State, ZIP, Work Phone No., Place of Employment, Position / Title, Years, Income (Gross Monthly), Additional Income (Gross Monthly from all sources), Home (Own/Rent), How Long?, Monthly Payment, E-Mail Address, ID Card Description, ID Card Number, ID Date Issued, ID State, ID Expire Date.

CO-BORROWER form with fields for Name, Date of Birth, Social Security Number, Home Phone No., Physical Address, APT. No., City, State, ZIP, Cell / Other Phone No., Mailing Address, City, State, ZIP, Work Phone No., Place of Employment, Position / Title, Years, Income (Gross Monthly), Additional Income (Gross Monthly from all sources), Home (Own/Rent), How Long?, Monthly Payment, E-Mail Address, ID Card Description, ID Card Number, ID Date Issued, ID State, ID Expire Date.

Table with 4 columns: PARTICIPATING PROVIDER NAME, CREDIT LIMIT REQUESTED, CREDIT TERMS REQUESTED (ATTACHMENT A), ACCOUNT REQUEST DATE.

BORROWER AND CO-BORROWER: Please sign below.

By signing below, I certify that the information on this Application is complete, true, and submitted for the purpose of obtaining a Smart Care Account ("Account") from you. I agree: (a) that you can use credit reporting agencies or other sources to verify the information on this Application for the purpose of extending credit to me or reviewing or collecting a credit account of mine; and (b) that you can tell others about your credit experience with me and obtain information from others about my credit history and performance. At my request, you will tell me the name and address of any credit reporting agency from which you received my credit report. By signing below, I acknowledge that I have requested the Smart Care Account credit terms indicated on Attachment A to this Application. By signing below, I agree to the terms and conditions applicable to the Account, as set forth in the Smart Care Account Agreement.

* Credit Union Membership and Account Agreement. I hereby make application for membership in the Credit Union and agree to subscribe to at least one (1) share. I agree to maintain my Credit Union membership in good standing for as long as I have an Account balance. I acknowledge receipt of and agree to the terms and conditions of the Credit Union Membership and Account Agreement, Truth-in-Savings Disclosure, Privacy Notice and Funds Availability Policy Disclosure, if applicable.

* I accept membership in the American Consumer Council (ACC), a consumer education and advocacy organization, an affiliate organization of Campus Federal Credit Union. I further understand that my name, address, and email address will be provided to the ACC to establish membership and will remain confidential. For more information please visit: www.americanconsumercouncil.org

* Smart Care Account. I agree that, if my application for an Account is granted on the credit terms I have requested, I will be bound by the terms of the Smart Care Account Agreement (the "Agreement"), which will govern my Account. If this Application is approved, the Smart Care Account Agreement will be delivered to me before my first use of the Account, and my Smart Care Card will be delivered to me separately by mail. I can view the Agreement immediately at www.campusfederal.com.

* Furnishing Information to Others. You may furnish this and other information about me (even if my Application is denied) and my Account to the Participating Provider named above who provides professional services to me and who is participating in the Smart Care program, so that the Participating Provider can create and update its records and provide me with service and special offers. Otherwise, I will refer to the Privacy Notice for information regarding the Credit Union's information sharing policy.

* Joint and Several Liability. I understand that, among other things, the Agreement makes each Borrower responsible for paying the entire amount of credit extended under my Account.

* Contacting Me. I consent to you and any other owner or servicer of my Account contacting me about my Account, including using any contact information or cell phone numbers I provided (whether now or in the future), and I consent to your use of any automatic telephone dialing system and/or artificial or prerecorded voice when contacting me, even if I am charged for the call under my phone plan.

* Governing Law. This Application and the Agreement are governed by Federal law and Louisiana law (to the extent that state law applies).

By signing as Borrower, I agree to the terms of the Smart Care Account Agreement. I agree to pay to you the full amount of all Smart Care Account credit advances that are made by me or on my behalf. I further agree to pay all finance charges and other fees/charges that may be assessed to my Account.

Signature box for Borrower 1 with an 'X' in the bottom left corner.

BORROWER 1

DATE

Signature box for Borrower 2 with an 'X' in the bottom left corner.

BORROWER 2

DATE