



Teen Visa Credit Card Application

Point Loma Credit Union, 9420 Farnham Street, San Diego, CA 92123 800-495-3400

Member # _____ Amount Requested \$ _____

Applicant Name _____		Social Security # _____	
Street Address _____		City, State, Zip Code _____	
Home Phone _____	Work/Cell Phone _____	E-Mail _____	Age _____
<p>I hereby certify that all statements made are true and complete and submitted for the purpose of obtaining a Point Loma Credit Union Teen Visa credit card. I also certify that I have completed the required online <i>Guides to Independence</i> courses and have provided a certificate thereof to Point Loma Credit Union. You may consider this statement as continuing to be true and correct until a written notice of the change is provided to you by the undersigned. The credit union is authorized to verify this information. I, by signing or using the credit card, will be bound by the terms and conditions accompanying the approval of the credit card and all amendments. As a condition of obtaining a Visa account, I grant the credit union a security interest in all shares, deposits, and other funds on deposit with credit union (other than those in an IRA or other funds where this security interest would cause the loss of tax-exempt or tax-deferred status), in which case I (we) have any ownership interest now and hereafter to secure all amounts owed to credit union now and hereafter under the terms of the Visa credit card account. The credit union may apply all such shares, deposits, and funds to pay all amounts owed on the Visa account in the event of any default under the terms of the Visa account. The collateral taken as security for any loan with the credit union (except my (our) primary residence) secures all amounts owed to the credit union, now and in the future</p>			
Applicant's Signature _____		Date _____	

Parent/Guardian Consent (required for applicants under the age of 18)

I hereby give consent for a Point Loma Credit Union Teen Visa Credit Card for my son/daughter named above. I understand that I will not be responsible for this card, nor will I be responsible for the repayment of it.

Parent / Guardian Signature _____		Date _____	
Street Address _____		City, State, Zip Code _____	
Home Phone _____	Work/Cell Phone _____	E-Mail _____	

Point Loma Credit Union	Teen Visa Credit Card
Annual Percentage Rate for Purchases	12.49%
Grace Period for Repayment of the Balance or Purchases	Typically 25 days
Method of Calculating the Balance for Purchases	Average Daily Balance
Annual Fees	None
Over-the-credit-limit fee is \$10.00. Late payment fee is \$15, or \$10 if you have already incurred two late fees in a twelve-month period.	

This application can also be faxed to the Point Loma Credit Union Call Center at 858-495-3416.