

# RETAIL LINE OF CREDIT



Mail application to:  
Diamond Credit Union, 1600 Medical Drive, Pottstown, PA 19464 - Attn: Retail Lending  
or fax to: 484-949-2500. Contact 610-326-5490, ext. 1110 if you have any questions.

Retailer _____	Amount Requested _____
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## APPLICANT

Diamond Account # \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Yrs./Mos. There \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Email \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Employer \_\_\_\_\_

Position \_\_\_\_\_ Yrs./Mos. There \_\_\_\_\_

Monthly Gross Income \$ \_\_\_\_\_

Housing Status (Circle One)

Buying      Renting      Family      Other      Monthly Payment \_\_\_\_\_

Market Value of Home \_\_\_\_\_ Balance Owed \_\_\_\_\_

Other Income \_\_\_\_\_

(Income from alimony, child support or separate maintenance payments need not be disclosed if it will not be considered in determining credit worthiness.)

Other Income \$ \_\_\_\_\_ Source \_\_\_\_\_

## CO-APPLICANT

Diamond Account # \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Yrs./Mos. There \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Email \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Employer \_\_\_\_\_

Position \_\_\_\_\_ Yrs./Mos. There \_\_\_\_\_

Monthly Gross Income \$ \_\_\_\_\_

Other Income

(Income from alimony, child support or separate maintenance payments need not be disclosed if it will not be considered in determining credit worthiness.)

Other Income \$ \_\_\_\_\_ Source \_\_\_\_\_

### Signatures

You warrant the truth of the above information and You realize that it will be relied upon by Us in deciding whether or not to grant the credit applied for. You hereby authorize Us, our employees and agents to investigate and verify any information provided to Us by You. You agree and understand that, if approved, You are contractually liable according to the applicable terms of the Credit Line Account Agreement and Disclosure. You will receive a copy of that Agreement and Disclosure no later than the time of Your first credit advance and You promise to pay all amounts charged to Your Account according to its terms. If this is a joint application, You agree that such liability is joint and several. Credit Builder MasterCard Applicants will be charged a nonrefundable \$25 application fee. If not paid in cash at the time We receive Your application, You authorize Us to withdraw this fee from your Share or Share Draft Account upon receipt of Your application. You authorize Us to accept Your facsimile signatures on this application and agree that Your facsimile signature will have the same legal force and effect as Your original signature. You assume any risk that may be associated with permitting Us to accept Your facsimile signature. If you are issued a credit card, You grant and consent to a lien on Your shares with Us (except IRA and Keogh accounts) and any dividends due or to become due to You from Us to the extent You owe on any unpaid Credit Card balance.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Co-Applicant Signature