

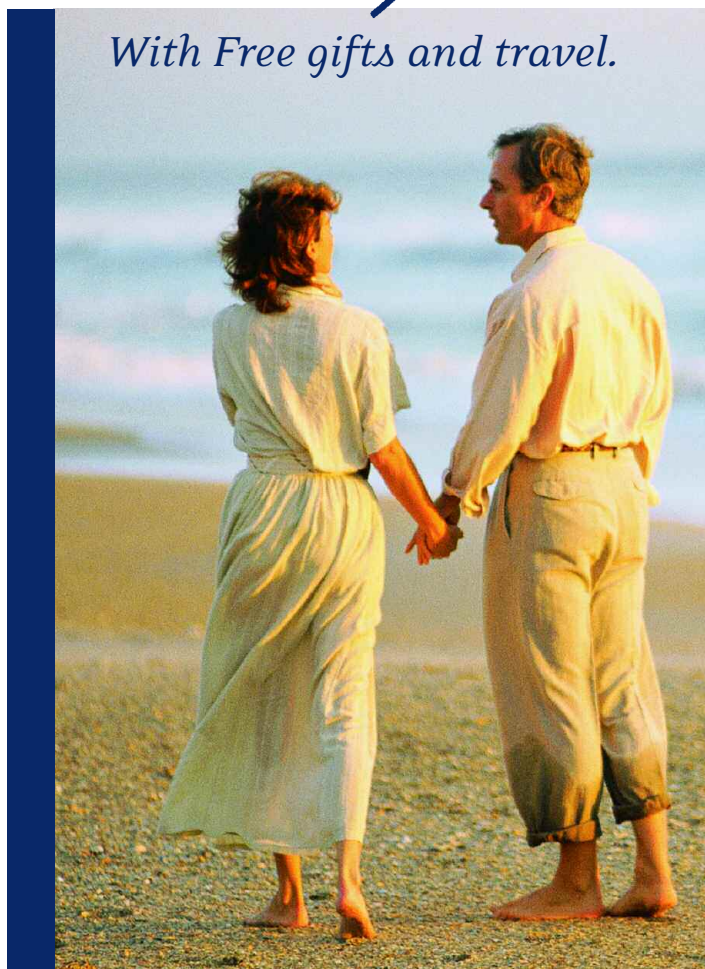
PLEASE
PLACE
FIRST
CLASS
STAMP
HERE



You'll Love It!

*Our credit card
gives you *Score!*
Card™*

With Free gifts and travel.



JERSEY TRADES
PO BOX 6270
PARSIPPANY NJ 07054-6270

Automatic Travel Accident Insurance

You, your spouse and dependent children up to age 19 (age 23 if a full-time student at an accredited school or college) are automatically covered with common carrier travel accident insurance every time you travel by air, bus, train, ship, taxi or any other common carrier anywhere in the world when you charge your entire fare to our card. This coverage is available to you at **NO EXTRA COST**.

PROTECT YOUR CREDIT CARD CHARGEGARD CREDIT PROTECTION DISCLOSURE

IMPORTANT INFORMATION ON CHARGEGARD LIMITATIONS, EXCLUSIONS, COSTS: Upon acceptance of your enrollment, you will receive your certificate(s) indicating your effective date. Eligibility, restrictions and exclusions vary by coverage and state. Read your certificate(s) carefully for full details. You are free to cancel any time. Premium rates are subject to change. Rates disclosed are accurate as of the printing date of this disclosure. The insurance subsidiaries of American Bankers Insurance Group* reserves the right to modify the terms and conditions of the insurance certificate upon written notice and subject to state regulations.

LIFE COVERAGE: If you or your joint cardmember (joint cardmember must be spouse or business partner in GA, NM and TX; if no joint cardmember, then spouse) die, Chargegard will pay the outstanding account balance as of the date of death, up to the policy maximum of \$10,000. Only single life coverage in MA and ME. Suicide is excluded except in MA, MD, ME and MO. Life converts to accidental death coverage in HI and IN; in IA at age 66.

DISABILITY/UNEMPLOYMENT COVERAGE (applies only to you, the primary cardmember): If you become totally disabled or involuntarily unemployed, Chargegard will make your scheduled minimum monthly payment, subject to the policy maximum of \$10,000. You are eligible for these coverages if employed full-time (in PA, employed 35 hours or more per week, at least 9 months of the year) in a non-seasonal occupation (seasonal restriction does not apply to disability in AL, AZ, CA, CO, MA, MD, ME, MI, MT, NJ, NM, OR, PA, RI, TX, VA and WI; to unemployment in AL, CO, ME, MI, MT, NJ, NM, NY, NC, PA and WI). Benefits begin after 30 consecutive days of unemployment or disability and are retroactive to the first day of loss. Benefits are based on the outstanding balance as of the date of loss and will continue until your balance on that date has been paid off, you return to work, or you reach the maximum limits of the master policy, whichever occurs first. Unemployment benefits are limited to 12 months in PA. In CA, MA, NY, NC, PA and VA disability benefits are not payable for preexisting conditions treated within 6 months prior to the effective date. Unemployment excludes self employment in MD and TX; unemployment excludes labor disputes/strikes in AR, IL and NY. Unemployment is not available in CT, MA, MN, VI and VT. Disability is not available in VI. Benefits are not payable on purchases made during a claim period.

GENERAL PROVISIONS: Maximum enrollment age is 69, except: 64 in CA, CT, HI, IN, MN, NJ, PA, RI, VI, WA, WI, and WY; 65 in IA, ID, MA, ME, NY, OR and TX; 70 in AZ, FL, MI, MO and OK. Coverage terminates at age 65 in CA, CT, MN, NJ, PA, RI, VI, WA, WI and WY; 66 ind ID, MA, ME, NY, OR, TX and VT.

If you are in default on a financial obligation to us, the Credit Union will apply the balance of shares and dividends in an individual and joint accounts you have with us to satisfy that obligation. After you are in default, we may exercise this right without further notice to you.

The monthly premium charged to your credit card account will be 66¢ per \$100 of your outstanding balance, except: 61.8¢ in AL; 65.8¢ in AZ; 55¢ in CA; 54¢ in CO; 26.4¢ in CT; 63.8¢ in GA; 57.5¢ in HI; 60¢ in ID, IN, MO, OR, WA and WY; 58.8¢ in IA; 28.9¢ in MA; 55.8¢ in ME; 63.7¢ in MI; 20.1¢ in MN; 64.6¢ in NC; 64.8¢ in ND; 46.9¢ in NH; 57¢ in NJ; 64¢ in NM; 33.2¢ in NY; 39.7¢ in PA; 57.6¢ in SC; 42.7¢ in TX; 10.3¢ in VT; 56.4¢ in VA; 59¢ in WI.

*Coverage is underwritten by American Bankers Life Assurance Company of Florida and American Bankers Insurance Company of Florida, 11222 Quail Roost Drive, Miami, FL 33157-6596. In NY, life and disability coverage is provided by Bankers American Life Assurance Company, One Blue Hill Plaza, P.O. Box 1565, Suite 1436, Pearl River, NY 10965. TX Certificate Numbers - AC3181CB-0592(3.53R.A.), AD9139CQ-0791 and B2754EQ-1089.

Coverage are only available as a package. If you cancel within 30 days of receiving your certificate, we will refund your premium.

Card Choice: Low Rate Card Rewards Card **Account Choice:** Individual Account Joint Account

APPLICANT Note: All Applicable Sections Should Be Filled Out Completely. If Not, Processing Of Your Application May Be Delayed.

Last Name		First		Middle		Social Security Number	
Date of Birth	No. of Dependents	Home Phone	Own <input type="checkbox"/>	Rent <input type="checkbox"/>	Other <input type="checkbox"/>	Monthly Payment \$	
Current Address		City		State	Zip Code		How Long (yrs)
Employer		Self Employed <input type="checkbox"/> Yes <input type="checkbox"/> No	Work Phone		How Long (yrs)		
Address		Position / Occupation				Monthly Gross Income* \$	

CO - APPLICANT or SPOUSE Complete This Section Only If Co-Applicant or Spouse Is Applying For a Joint Account.

Last Name		First		Middle		Social Security Number	
Date of Birth	No. of Dependents	Home Phone	Own <input type="checkbox"/>	Rent <input type="checkbox"/>	Other <input type="checkbox"/>	Monthly Payment \$	
Current Address		City		State	Zip Code		How Long (yrs)
Employer		Self Employed <input type="checkbox"/> Yes <input type="checkbox"/> No	Work Phone		How Long (yrs)		
Relationship to Member						Monthly Gross Income* \$	

*You Need Not Furnish Alimony, Child Support or Maintenance Income Information If You Do Not Want Us To Consider It In Evaluating Your Application

CREDIT DISCLOSURES

ANNUAL PERCENTAGE RATE FOR PURCHASES	OTHER APRs	ANNUAL MEMBERSHIP FEE	GRACE PERIOD FOR PURCHASES	METHOD OF COMPUTING THE BALANCE FOR PURCHASES	LATE PAYMENT FEE	OVER THE LIMIT FEE	CASH ADVANCE FEE
LOW RATE APR. FROM 7.95% TO 15.95% REWARDS APR. FROM 9.95% TO 17.95%	FIXED 18% DEFAULT APR. IF THE MINIMUM PAYMENT IS LATE TWO OR MORE TIMES IN A 12-MONTH PERIOD, THE RATE WILL BE CONVERTED TO THE DEFAULT APR.	NONE	25 DAYS*	AVERAGE DAILY BALANCE INCLUDING NEW PURCHASES*	\$25.00	NONE \$20.00	NONE

At the date this application was printed (shown in the lower right-hand corner - this side) the information listed above was accurate. Because rates and terms are subject to change, you may contact us for the current information by writing to the business reply address shown on the reverse side.

*A Finance Charge will be imposed on Credit Purchases only if you elect not to pay the entire New Balance shown on your monthly statement for the previous billing cycle within 25 days from the closing date of that statement. If you elect not to pay the entire New Balance shown on your previous monthly statement within that 25 day period, a Finance Charge will be imposed on the unpaid average daily balance of such Credit Purchases from the previous statement closing date and on new Credit Purchases from the date of posting to your account during the current billing cycle, and will continue to accrue until the closing date of the billing cycle preceding the date on which the entire New Balance is paid in full or until the date of payment if more than 25 days from the closing date. The Finance Charge for a billing cycle is computed by applying the monthly Periodic Rate to the average daily balance of Credit Purchases, which is determined by dividing the sum of the daily balances during the billing cycle by the number of days in the cycle. Each daily balance of Credit Purchases is determined by adding to the outstanding unpaid balance of Credit Purchases at the beginning of the billing cycle any new Credit Purchases posted to your account, and subtracting any payments as received and credits as posted to your account, but excluding any unpaid Finance Charges. A finance charge will be assessed on cash advances from the date of the cash advance, or the first day of the billing cycle in which the cash advance is posted, whichever is later, and will continue to accrue until payment in full is made. Cash Advances will be calculated in the same manner as explained for Credit Purchases.

SIGNATURE(S) TO OBTAIN CREDIT

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 bank card 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 this is a joint application, the undersigned shall be jointly and severally liable for any and all credit extended from time to time.

X _____ **X** _____
Applicant Signature Date Co-Applicant Signature Date

SIGNATURE(S) TO OBTAIN INSURANCE

YES Please enroll me in the optional CAP insurance program. I have read and understand the insurance and cost disclosures as described herein. CAP costs vary by state but won't exceed 66¢ per \$100 of my monthly balance. The cost will be charged to my account each month. This insurance is voluntary and I may cancel at any time.

X _____ **BIRTHDAY** / / /
(primary/first - name applicant) (eligible to age 70)

TRANSFER OF BALANCE REQUEST

Upon approval, I wish to transfer my present balance on the credit card account(s) listed below to my new credit card account.

Visa Account No. _____ MasterCard Account No. _____

FOR INTERNAL USE ONLY

Visa Account No.			MasterCard Account No.		
DATE APPROVED	CREDIT LINE	APPROVED BY	DATE APPROVED	CREDIT LINE	APPROVED BY



You Choose! Either the...

• **Lowest Rate Platinum Visa**

or the

• **ScoreCard Bonus Points Platinum Visa**

Apply for a Jersey Trades Platinum Visa today by completing the application.

Jersey Trades Platinum Visa		
	Lowest Rate Visa	ScoreCard Bonus Points Visa
No Annual Fee	✓	✓
25-Day Grace Period (on purchases)	✓	✓
Auto Rental Insurance	✓	✓
Travel Accident Insurance (up to \$500,000)	✓	✓
Travel & Emergency Services	✓	✓
ScoreCard Bonus Points www.scorecardrewards.com		✓
Lowest Platinum Visa Rate Available	✓	

All enhancements are not available on all cards and are determined by credit score.

Member must maintain a \$5.00 minimum balance in the Primary Share Account to apply for a Jersey Trades Platinum Visa. A security interest in the member's account(s) is a condition of this agreement. Application information must be completed in full. Should I/we not qualify for the lowest available rate, a rate based on my/our credit score will be applied. All Platinum Visa rates are based on credit score.