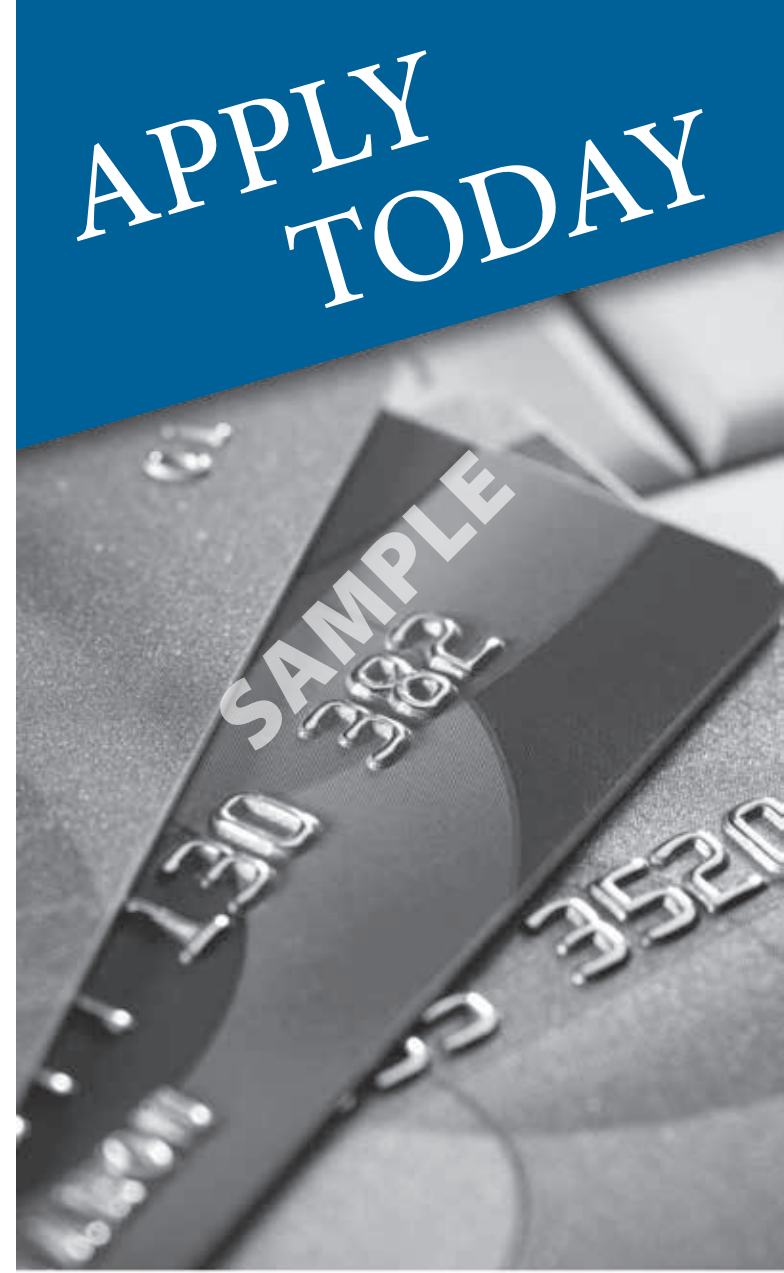


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Alliance Community Bank  
PO Box 470  
Petersburg, IL 62675



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TODAY**

**B**uilding a successful financial plan takes the right resources. That's why we work hard to provide you with quality financial services and products. Like our convenient, flexible Visa® & MasterCard® Credit Cards. They're accepted at thousands of locations worldwide for just about any type of purchase you can dream up. And, unlike those big out-of-town institutions, our cards come with the personal, friendly service you've come to expect from us. So, whatever your plans, choose the credit card that gives you all the value and buying power you need to get your projects off the drawing board.

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**Visa® or MasterCard®  
Credit Card for the  
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benefits are yours!**

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You, your spouse and dependent children up to age 19 (age 25 if a full-time student at any institute of higher learning) 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 provided to you at NO EXTRA COST.



<b>Interest Rates and Interest Charges</b>	Visa® and MasterCard®
<b>Annual Percentage Rate (APR) for Purchases</b>	<b>15.90%</b> Fixed
<b>APR for Balance Transfers</b>	<b>15.90%</b> Fixed
<b>APR for Cash Advances</b>	<b>15.90%</b> Fixed
<b>Penalty APR and When it Applies</b>	None
<b>How to Avoid Paying Interest</b>	Your due date is at least <b>25</b> days after the close of each billing cycle. We will not charge you interest on retail purchases, cash advances and balance transfers if you pay your entire balance by the due date.
<b>Minimum Interest Charge</b>	None
<b>For Credit Card Tips from the Consumer Financial Protection Bureau</b>	To learn more about factors to consider when applying for or using a credit card, visit the web site of the Consumer Financial Protection Bureau at <a href="http://www.consumerfinance.gov/learnmore">http://www.consumerfinance.gov/learnmore</a> .
<b>Fees</b>	Visa® and MasterCard®
<b>Annual Fee</b>	None
<b>Transaction Fees</b>	
• Balance Transfer	None
• Cash Advances	None
• Foreign Transaction	None
<b>Penalty Fees</b>	
• Late Payment	Up to <b>\$15.00</b>
• Over-the-Credit Limit	Up to <b>\$15.00</b>
• Returned Payment	Up to <b>\$15.00</b>
<b>Other Fees</b>	None

**How We Will Calculate Your Balance:** We use a method called "average daily balance" (including new purchases). \* 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.  
**Military Lending Act:** Federal law provides important protections to members of the armed Forces and their dependents relating to extensions of consumer credit. In general, the cost of consumer credit to a member of the Armed Forces and his or her dependent may not exceed an annual percentage rate of 36 percent. This rate must include, as applicable to the credit transaction or account: The costs associated with credit insurance premiums; fees for ancillary products sold in connection with the credit transaction; any application fee charged (other than certain fees for specified credit transactions or accounts); and any participation fee charged (other than certain participation fees for a credit card account).

## CREDIT APPLICATION

**Check Account Choice:**  
(Signature required for joint applicant)

- Individual Account  
 Joint Account  
We intend to apply for joint credit  
Applicant Initials \_\_\_\_\_ Co-Applicant Initials \_\_\_\_\_  
 Credit Line Increase

Credit Limit Requested \$ \_\_\_\_\_

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.

<b>APPLICANT</b> Note: All applicable sections should be filled out completely to avoid delay in processing your application.	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			City		State		Zip Code	
	Mailing Address (if different from above)			City		State		Zip Code	
	Previous Address (if less than 2 years at present address)			City		State		Zip Code	
	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		
<b>CO-APPLICANT</b> Intended for joint applicant; this information is not required for an individual account.	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			City		State		Zip Code	
	Previous Address (if less than 2 years at present address)			City		State		Zip Code	
Employer			Self Employed <input type="checkbox"/> Yes <input type="checkbox"/> No		Work Phone ( )		Date Employed		
Address					Position/Occupation			Monthly Gross Income \$	
<b>CREDIT INFO</b> Attach Additional Sheets if Necessary	Name and Address of Creditor		Name under Which Account is Carried		Account Number		Balance		
	1. Home Mortgage/Rent								
2. Bank Credit Card/Bank Name and Address									
<b>SIGNATURES</b>	<b>PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING:</b> 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 _____ X _____ Applicant Signature Date Co-Applicant Signature Date								
<b>TRANSFER OF BAL REQUEST</b>	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 \$ _____						
<b>FOR INTERNAL USE ONLY</b>	Signature _____								
	Visa Account No.				MasterCard Account No.				
	Date Approved		Credit Line		Approved By		Date Approved		
						Credit Line		Approved By	