

PLEASE CHECK

PLEASE PRINT

TYPE OF ACCOUNT DESIRED

 VISA GOLD INDIVIDUAL ACCOUNT JOINT ACCOUNT

APPLICANT'S LAST NAME		FIRST	MIDDLE	TELEPHONE ()	DATE OF BIRTH
				SOC. SEC. NO.	
CURRENT ADDRESS	STREET			OWN HOME <input type="checkbox"/>	RENT <input type="checkbox"/>
	CITY	STATE	ZIP	LENGTH OF RESIDENCE YRS. MOS.	DEPENDENTS
PREVIOUS ADDRESS	STREET	CITY	STATE	LENGTH OF RESIDENCE YRS. MOS.	
PRESENT EMPLOYMENT	EMPLOYER		POSITION	TELEPHONE ()	
	ADDRESS		LENGTH OF EMPLOYMENT YRS. MOS.	MONTHLY SALARY	
Alimony, child support or separate maintenance income need not be disclosed if you do not wish to have it considered as a basis for repaying this obligation.			OTHER INCOME	SOURCE	MONTHLY INCOME
PREVIOUS EMPLOYMENT	EMPLOYER			LENGTH OF EMPLOYMENT YRS. MOS.	
	ADDRESS				
NEAREST RELATIVE (NOT LIVING WITH YOU)	NAME		RELATIONSHIP	TELEPHONE ()	
	ADDRESS		CITY	STATE	ZIP

COMPLETE INFORMATION ON JOINT ACCOUNT ONLY IF JOINT ACCOUNT DESIRED.

JOINT ACCOUNT (CO-APPLICANT'S SIGNATURE REQUIRED ON APPLICATION)	NAME OF CO-APPLICANT		DATE OF BIRTH	SOC. SEC. NO.	TELEPHONE ()
	ADDRESS			RELATIONSHIP TO APPLICANT	
	EMPLOYER			MONTHLY SALARY	POSITION
	ADDRESS			LENGTH OF EMPLOYMENT YRS. MOS.	
Alimony, child support or separate maintenance income need not be disclosed if you do not wish to have it considered as a basis for repaying this obligation.			OTHER INCOME	SOURCE	MONTHLY INCOME

COMPLETE FOLLOWING INFORMATION FOR ALL APPLICANTS.

BANK NAME		<input type="checkbox"/> SAVINGS	<input type="checkbox"/> CHECKING	<input type="checkbox"/> LOAN
CHECKING ACCOUNT NO.		SAVINGS ACCOUNT NO.		
ALL DEBTS OR OBLIGATIONS IF INSUFFICIENT SPACE, ATTACH ADDITIONAL SHEET		HAVE EITHER OF YOU EVER FILED FOR BANKRUPTCY? <input type="checkbox"/> YES <input type="checkbox"/> NO		
CREDITOR	ADDRESS	PURPOSE	BAL. OWING	MO. PAYMENT
MORTGAGEE OR LANDLORD				
ALIMONY, CHILD SUPPORT, etc.				
CREDIT CARDS				

I (We) make application to Farmers National Bank for a VISA credit card(s) and/or any other card(s) issued as a result of this application. If this application is accepted and a VISA card(s) issued the undersigned applicant and joint applicant, if any, by signing, using, or permitting another to use the VISA credit card(s) agree(s) that the applicant and joint applicant, if any, will be bound by the terms and conditions of the VISA Credit Card Agreement, and Customer Payment Schedule. Everything that I (we) have stated in this application is correct to the best of my (our) knowledge. I (We) understand that you will retain this application whether or not it is approved. You are authorized to check my (our) credit and employment history and to answer questions about your credit experience with me (us). I (We) understand that a periodic membership fee may be assessed. Please refer to opposite side of application for disclosure of rates and fees.

Applicant's Signature

Co-Applicant's Signature

Date